

Name
in
Full

Adolph Abram Jr

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	—	
Father's Name	Adolph Abram Jr		Father's Birthplace
Mother's Maiden Name	Annie Dau		Mother's Birthplace
Name of person giving information	Adolph Abram Jr		How related to deceased

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Pneumonia

How long

8 days

Immediate Heart Failure

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

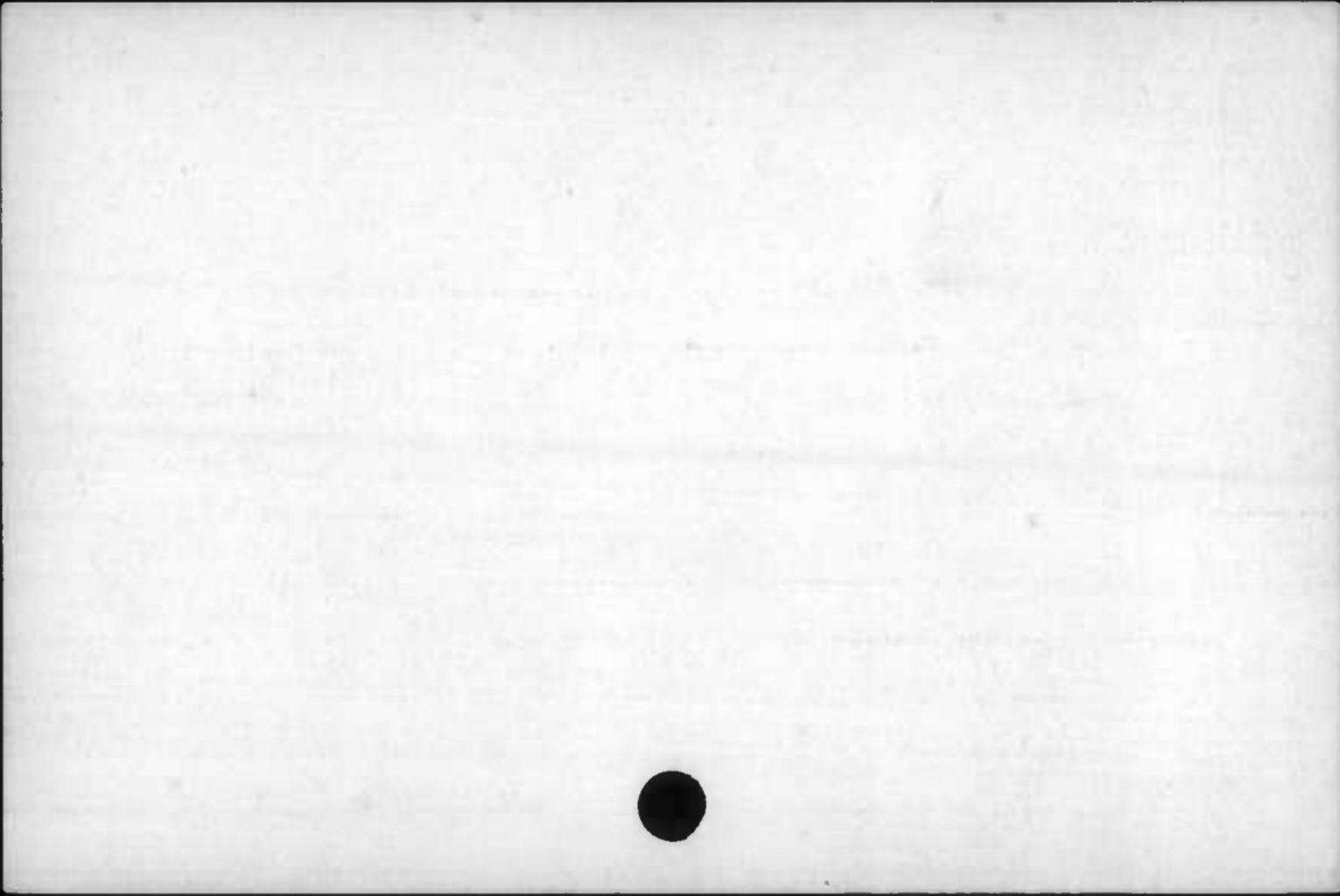
Signature of Physician

Tho. B. Horton M.D.

Address

So. Balto, Md.

Accident or Suicide?



Name
in
Full

Thomas

Alsope

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at annapolis md		Town a. a. cd		County		MARYLAND	
Date of death	1909	Month Dec	Day 6	Age	24 yrs	Months	Days
Sex	male	Color or Race	Colored	Birth-place	annapolis md		
Occupation	Labor	Where Residing if not at place of death			17 day		
Married, Single or Widowed	single	Name of Wife or Husband					
Father's Name	Heatly	Alsope				Father's Birthplace	Baptist River md
Mother's Maiden Name	Eliza	Kimball				Mother's Birthplace	annapolis md
Name of person giving Information	Eliza	Alsope				How related to deceased	mother

CAUSES OF DEATH

(10)

Primary Influenza Typhoid Pneumonia Ten days

Immediate Exhaustion & Heart Failure Gradual

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes

Address

John R. Dout M.D.

Annapolis
Md

Accident or Suicide?



Name
in
Full

Rosa May Baskin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Brooklyn	a a				
Date of death	Month	Day	Years	Months	Days
1909	12	22	24	11	
Sex	Color or Race	Birth-place			
Female	white	M d			
Occupation	Where Residing if not at place of death				
Housewife	—				
Married, Single or Widowed	Name of Wife or Husband	George N Baker			
Married	George N Baker				
Father's Name	Thos F. Lovrin		Father's Birthplace	Md	
Mother's Maiden Name	Mary L. Molkin		Mother's Birthplace	Md	
Name of person giving Information	Thos F. Lovrin		How related to deceased	Fashin	

CAUSES OF DEATH

27

How long

2 mo

How long

—

Primary

Pulmonary Tuberculosis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

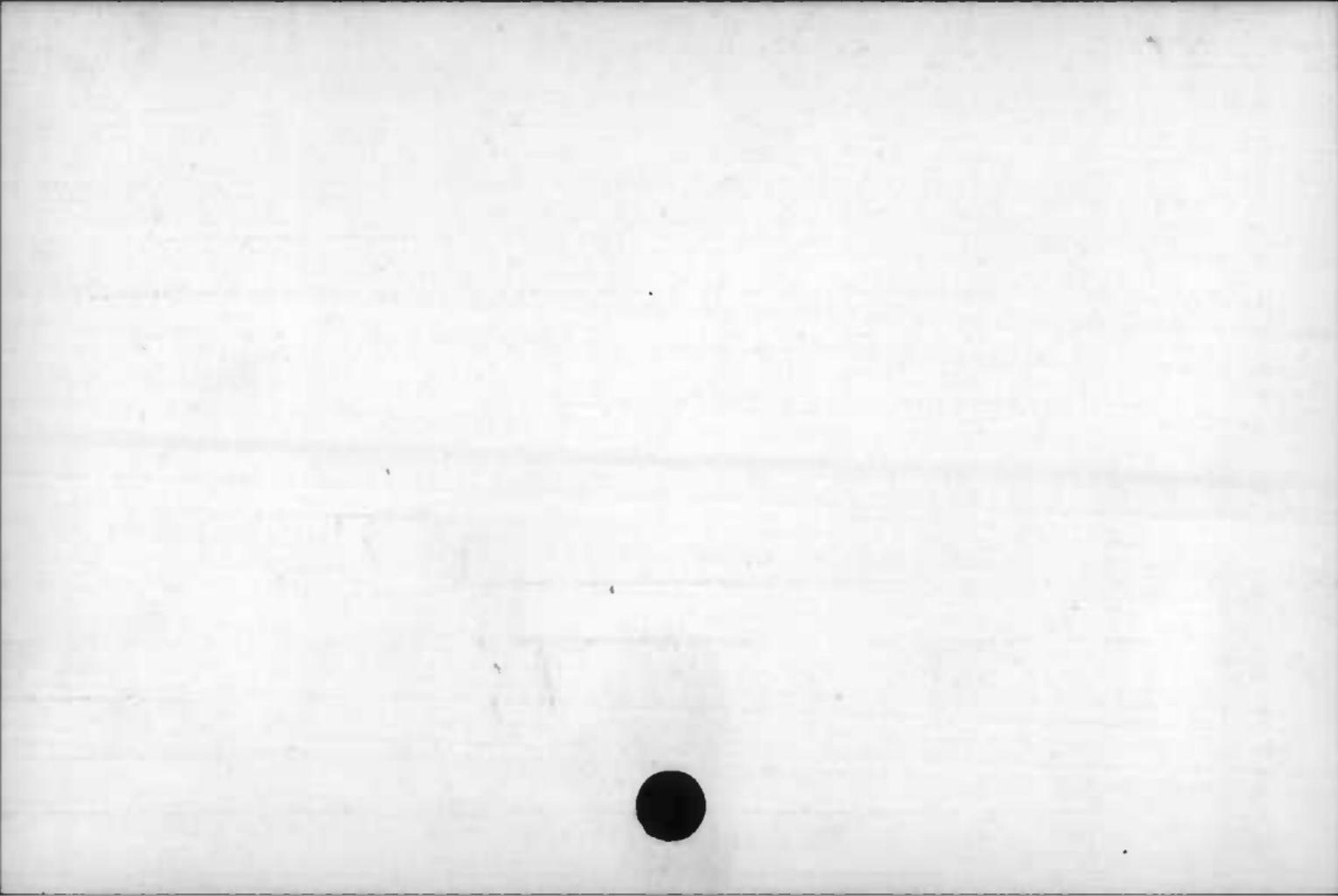
Signature of Physician

Chas S. Broome

Address

Brooklyn M d

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Annie E Bishop

Town Annopolis, Md.

County Anne Arundel Co.

CERTIFICATE OF DEATH

MARYLAND

Died at

Month

Day

Years

Months

Days

Date of death

190

Month

9 Dec. 21

Age

58

Sex

Female

Color or Race

Colored

Birth-place

Phila. Pa

Occupation

Where Residing if not
at place of death

14 Church Circle

Married, Single
or Widowed

Widowed

Name of Wife or Husband

Dr. Wm. Bishop

Father's Name

John C. Bishop

Father's Birthplace

Phila. Pa

Mother's Maiden Name

Charlotte C. Harrison

Mother's Birthplace

Trenton N.J.

Name of person giving
Information

James C. Bishop

How related
to deceased

Son

CAUSES OF DEATH

42

Primary

Uterine Cancer

How long

Two months

Immediate

Attacks

How long

One day.

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Geo. Wells,
Annapolis,
Maryland

Accident or Suicide

Yes.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Brucilla Brown

CERTIFICATE OF DEATH

Died at

Chesapeake

Town

County

MARYLAND

Date
of death

1909

Month

Dec

Day

18

Years

9

Age

Months

9

Days

21

Sex

Female

Color or
Race

Colored

Birth-
place

Md

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

John Brown

Father's
Birthplace

Md

Mother's
Maiden Name

Rebecca Footh

Mother's
Birthplace

Md

Name of person giving
Information

John Brown

How related
to deceased

Father

CAUSES OF DEATH

Primary

Whooping Cough

8

Husband

3 weeks

Immediate

Convulsions

How long

2 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Geo J. Dent Sub-reg.

Died without a doctor

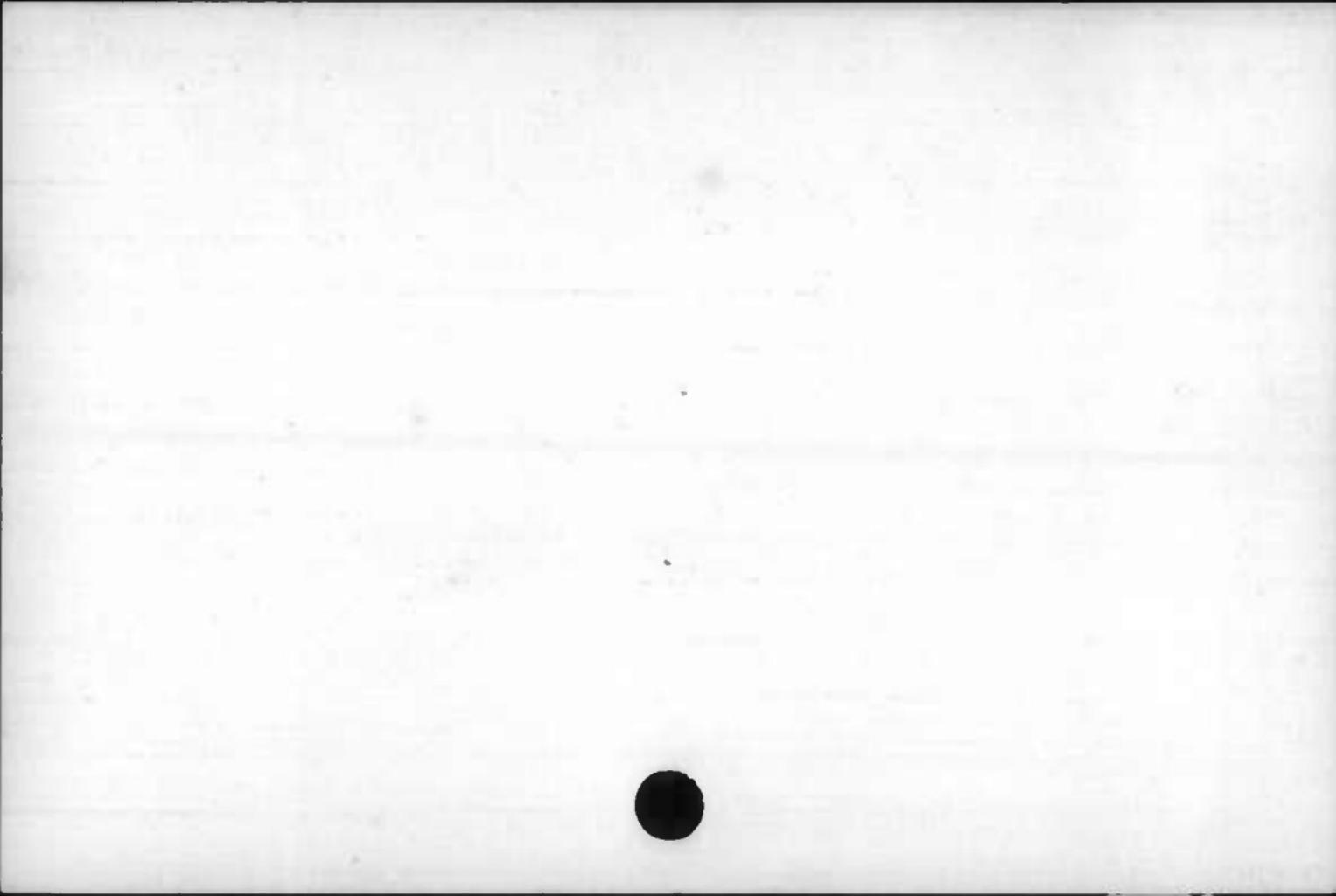
Address

Churchton

Accident or Suicide

Medicated & found everything

O.K.



Name
in
Full

George Henry Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at St. Margaret's Anne Arundel MARYLAND
Town County
Date Month Day Years Months Days
of death 1909 Dec 10 — 6 —
Sex male Color or Race colored Birth-place A.A.Co., Md
Occupation — Where Residing if not at place of death
Married, Single — Name of Wife or Husband —
Father's Name George Cook Father's Birthplace A.A.Co. Md
Mother's Maiden Name Carrie Fleetwood Mother's Birthplace A.A.Co. Md
Name of person giving Information George Cook How related to deceased Father
105°
How long 6 days
1 day

PHYSICIAN
OR CORONER

Primary

Enteric Colitis
Exhaustion

Immediate

Are the name, age, sex, color, date and place correctly given above?

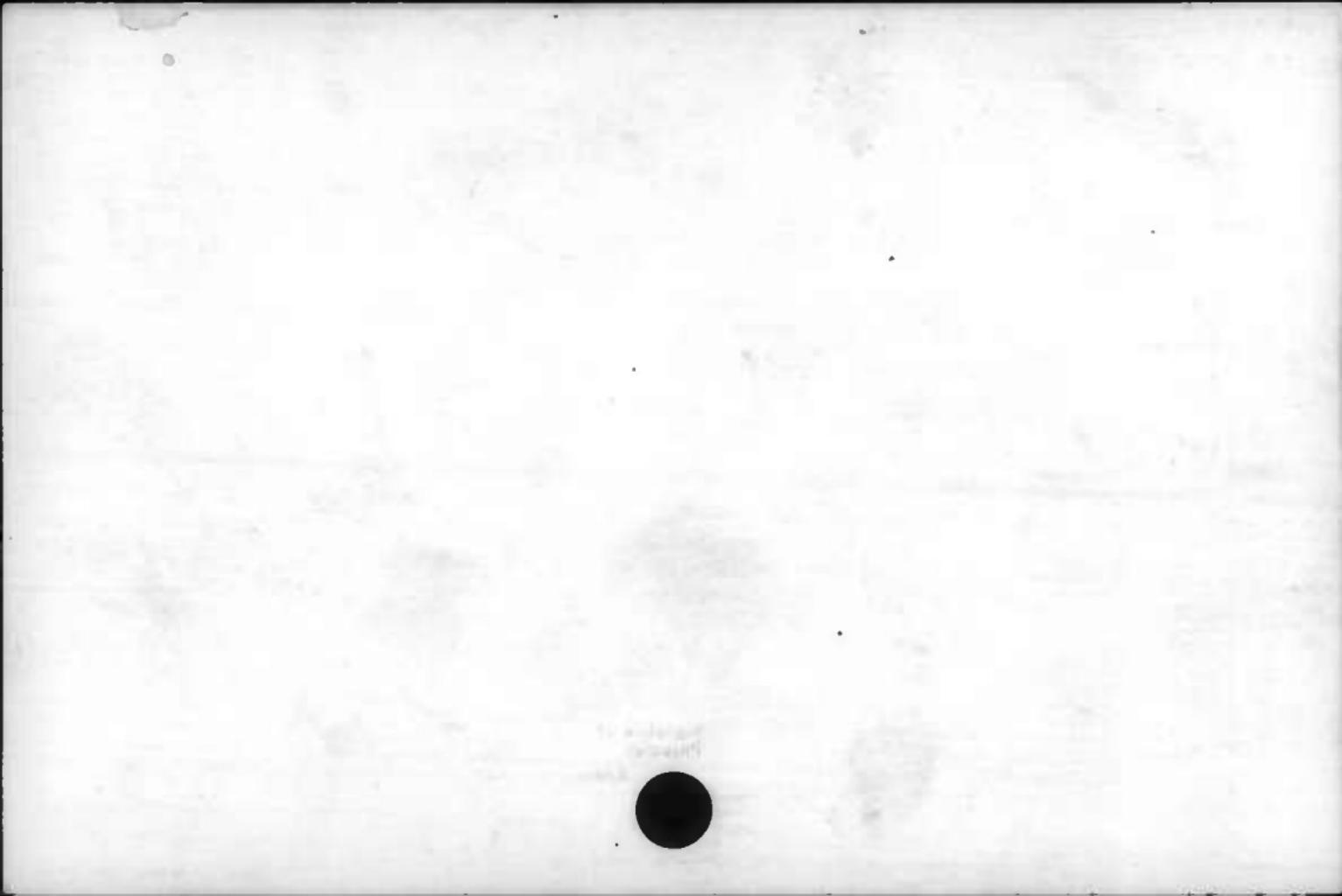
yes

Signature of Physician

Address

Wm. S. Welch
Annapolis

Accident or Suicide —



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Edward Greek

Died at Hagerstown, Md. A.C.

Date of death 1909 Month Dec Day about 1st Age about Years 45

Sex Male

Color or Race Colored

Birth-place Unknown

Occupation Labourer

Where Residing if not
at place of death

Married, Single
or Widowed Unknown

Name of Wife or
Husband Unknown

Father's Name Unknown

Father's Birthplace Unknown

Mother's Maiden Name Unknown

Mother's Birthplace Unknown

Name of person giving
Information Chas. Criston

How related
to deceased

172

How long

about 2½ miles

How long

" " "

Signature of
Physician

Address

Hob. K. L. Corone
Montgomery Md.

Primary

Accidental Drowned

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Accident or Suicide

CERTIFICATE OF DEATH

MARYLAND

Months

Days



Name
in
Full

Irene Crownier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

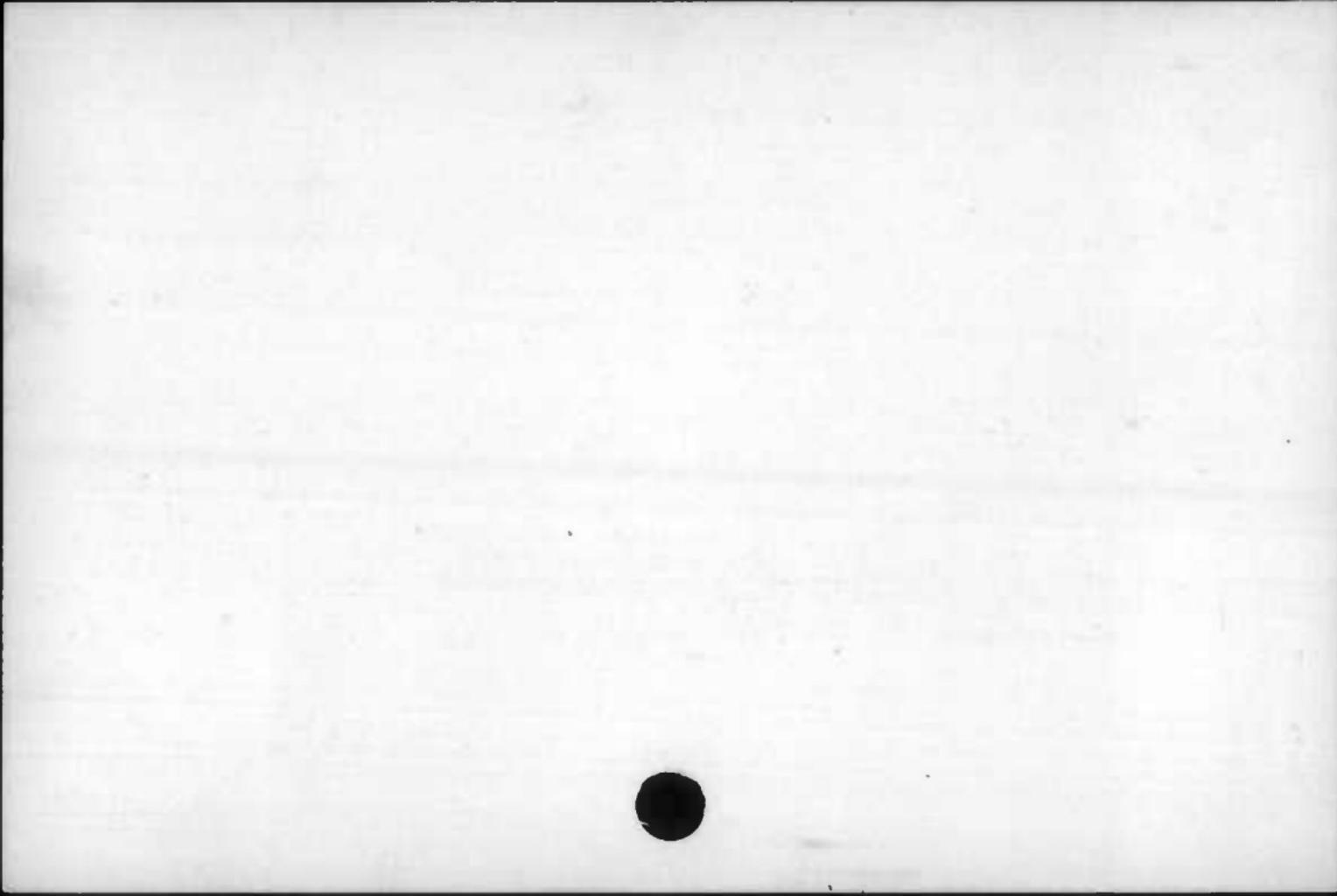
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Birth-place	—
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	Benj O. Crownier				
Mother's Maiden Name	Pathasine B. Scott				
Name of person giving Information	B. O. Crownier				

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	Whooping Cough		How long	2 weeks
Immediate	Convulsions		How long	2 hours.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo. T. Dent Sub. reg.	
Lived with a doctor		Address	Churcton	
Accident or Suicide?	Medicated & found conditions O. K.			



Name
in
Full

Joseph T Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Town

County

St. St.

Date

Month

Day

Years

Months

Days

of death 1909

Dec.

9

Age

28

2

Sex

Color or
Race

Male White

Birth-
place

Annapolis Md

Occupation

Post office Clerk

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Geo. H. Davis

Father's
Birthplace

Baltimore Ma

Mother's
Maiden Name

Mary Birney

Mother's
Birthplace

Baltimore Ma

Name of person giving
Information

Anthony L Davis

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Bright's Disease

120

How long

4 mos

Immediate

Tuberculosis

How long

12 hr

Are the name, age, sex, color, date
and place correctly given above?

Yes

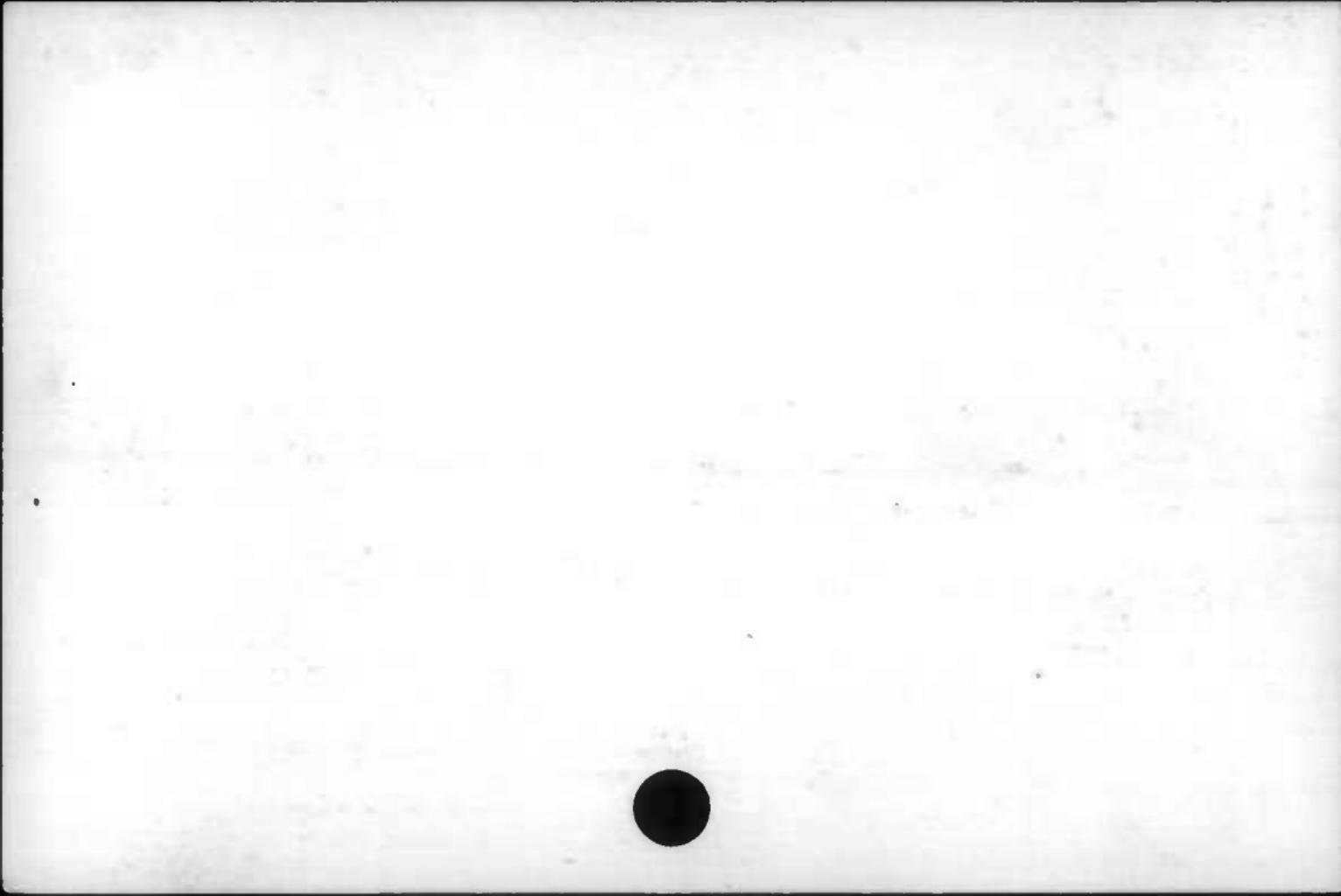
Signature of
Physician

Address

J. J. Murphy
Annapolis

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Helen Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Count	MARYLAND
Date of death	Month	Year	Month
1909	Dec	25	7
Age	Days	10	
Sex	Color or Race	Birth-place	
Female	Colored	Colored	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	John Davis	Father's Birthplace	Colored
Mother's Maiden Name	Maggie Harrod	Mother's Birthplace	Colored
Name of person giving Information	Helen Davis	How related to deceased	Sister

CAUSES OF DEATH

Primary

Pertussis

Immediate

Respiratory failure

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

8

How long

2 weeks

How long

1 hour

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Wesmit - D. Riggs

Died at		Town	County			
Date of death	Month	Day	Years	Months	Days	
1909	Dec	8	Age 13			
Sax male	Color or Race	Colored				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	single	Name of Wife or Husband				
Father's Name	Thomas Riggs					
Mother's Maiden Name	Mary Geolbert					
Name of person giving Information	Elision Geolbert					

92

CAUSES OF DEATH

Primary

Bron Chro-Pneumonia

How long

One Month

Immediate

Cardiac Spasmodic

How long

24 hours.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

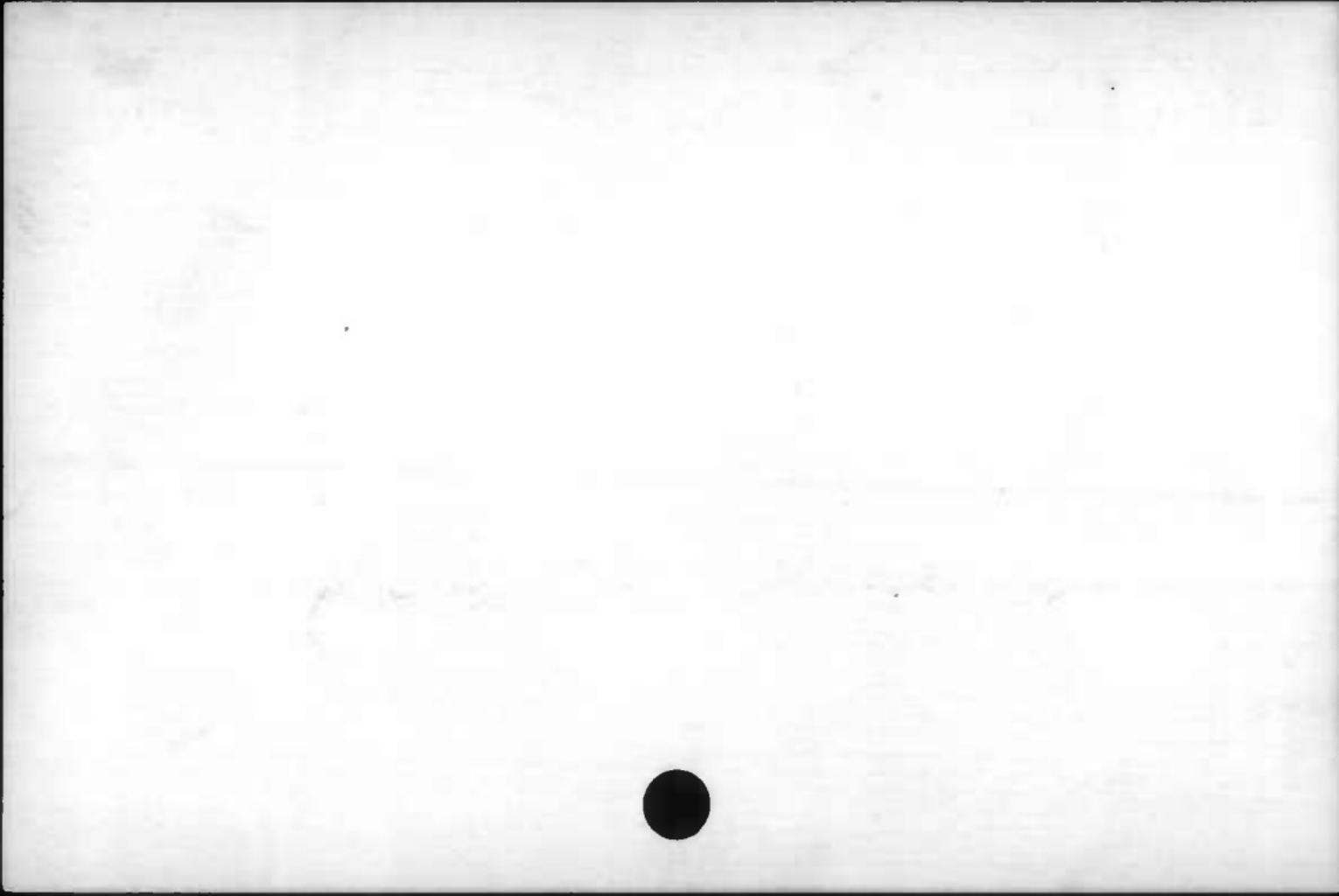
Address

R.S. Riser
60 Cathedral St.
Annapolis, Md

6

Accident or Suicide

No



Name
in
Full

Donald Donaldson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Governor's Bridge A.A. Co.
Town County

Date of death 1909 Dec. 12 Age 68
Month Year

Month Deys

Sex Male Color or Race White

Birth-place St. Virginia

Occupation Carpenter

Where Residing if not
at place of death

Married, Single
or Widowed Married

Name of Wife or
Husband

margaret Fawcett

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

margaret Donaldson

How related
to deceased

Primary

Cerebral hemorrhage

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

B.R. Davidson
Davidsonville
Md.

Accident or Suicide

Permit issued to
remove body to
Washington Dec. 12. 1909.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James Garrison

CERTIFICATE OF DEATH

Died at County Home		Anne Arundel		MARYLAND	
Date of death 1909	Month Dec	Day 16	Years 28	Months	Days
Sex Male	Color or Race White	Birth-place Spain			
Occupation Cook					
Where Residing if not at place of death					
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name unknown	Father's Birthplace Linthorpe				
Mother's Maiden Name unknown	Mother's Birthplace Linthorpe				
Name of person giving Information Owing Lewis	How related to deceased Relation				

CAUSES OF DEATH

27

How long

1 year

How long

Primary

Pulmonary Phthisis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

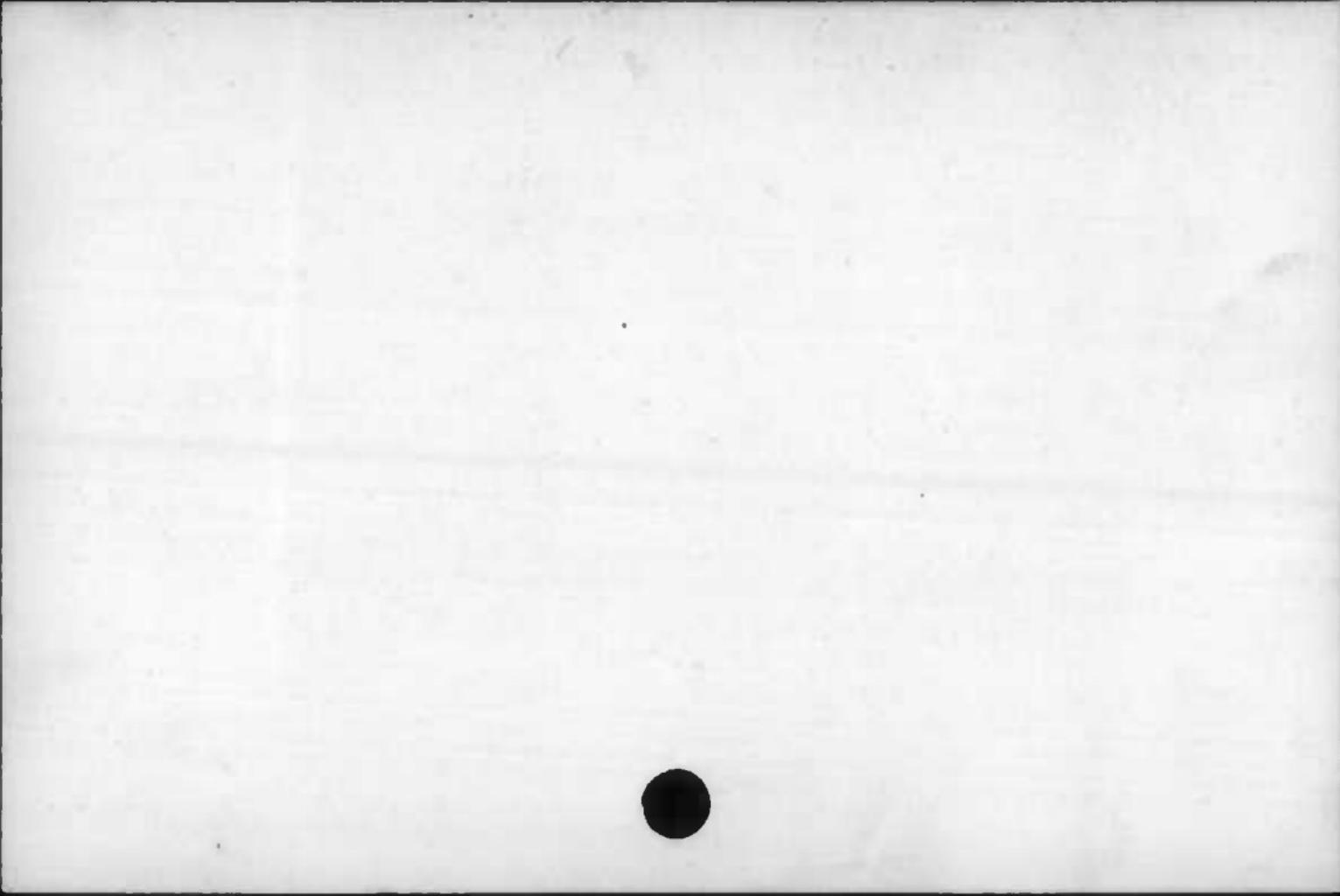
Signature of Physician

Address

John Collinson
South River

Md

Accident or Suicide?

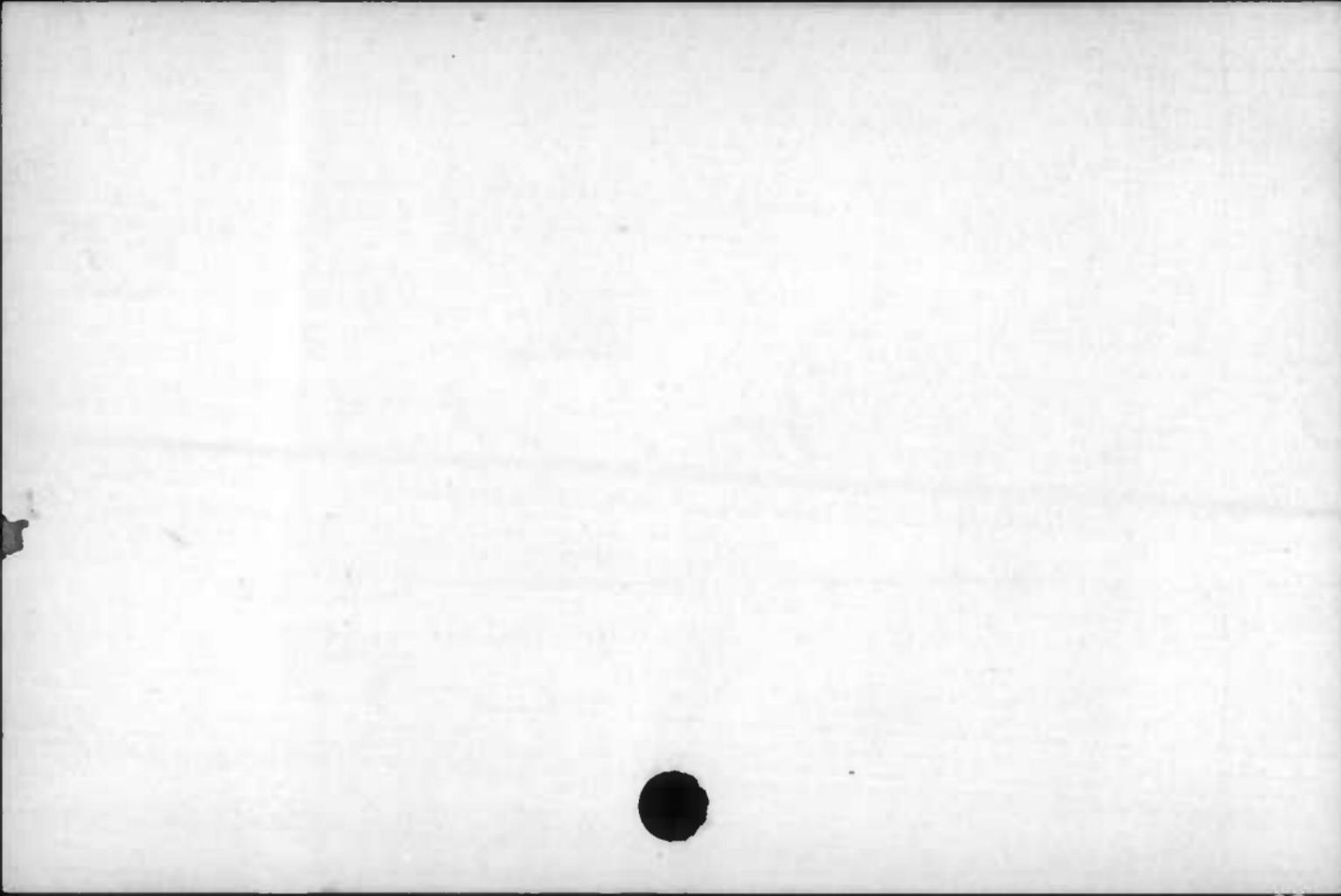


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH					
Died at		Town	County	MARYLAND	
Died at	So. Baltg.	So. a.		Months	Days
Date of death	1909	Month Dec	Year	—	one
Age	4	Color or Race	white	Birth-place	So. Baltg.
Sex	Male	Occupation	Where Residing if not at place of death	—	
Married, Single or Widowed	—	Name of Wife or Husband	—	—	
Father's Name	John Esterka Jr	Father's Birthplace	Austria	—	
Mother's Maiden Name	Frances Pasicex	Mother's Birthplace	Austria	—	
Name of person giving information	John Esterka	How related to deceased	Father	—	
CAUSES OF DEATH					
Primary	Infantile Convulsions			71	How long
Immediate	5 hours			How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. B. Horton M.D.		
		Address	So. Baltg., Md.		
Accident or Suicide?					



Name
in
Full

Chas. N. Ford.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Charles Ford					Father's Birthplace
Mother's Maiden Name	Mary Lloyd					Mother's Birthplace
Name of person giving information	Charles Ford					How related to deceased
CAUSES OF DEATH						
Primary	Whooping Cough					How long
Immediate	Capillary Bronchitis					How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Geo. T. Dent. Sub. wq.			
		Address	Churchton			
Accident or Suicide?						

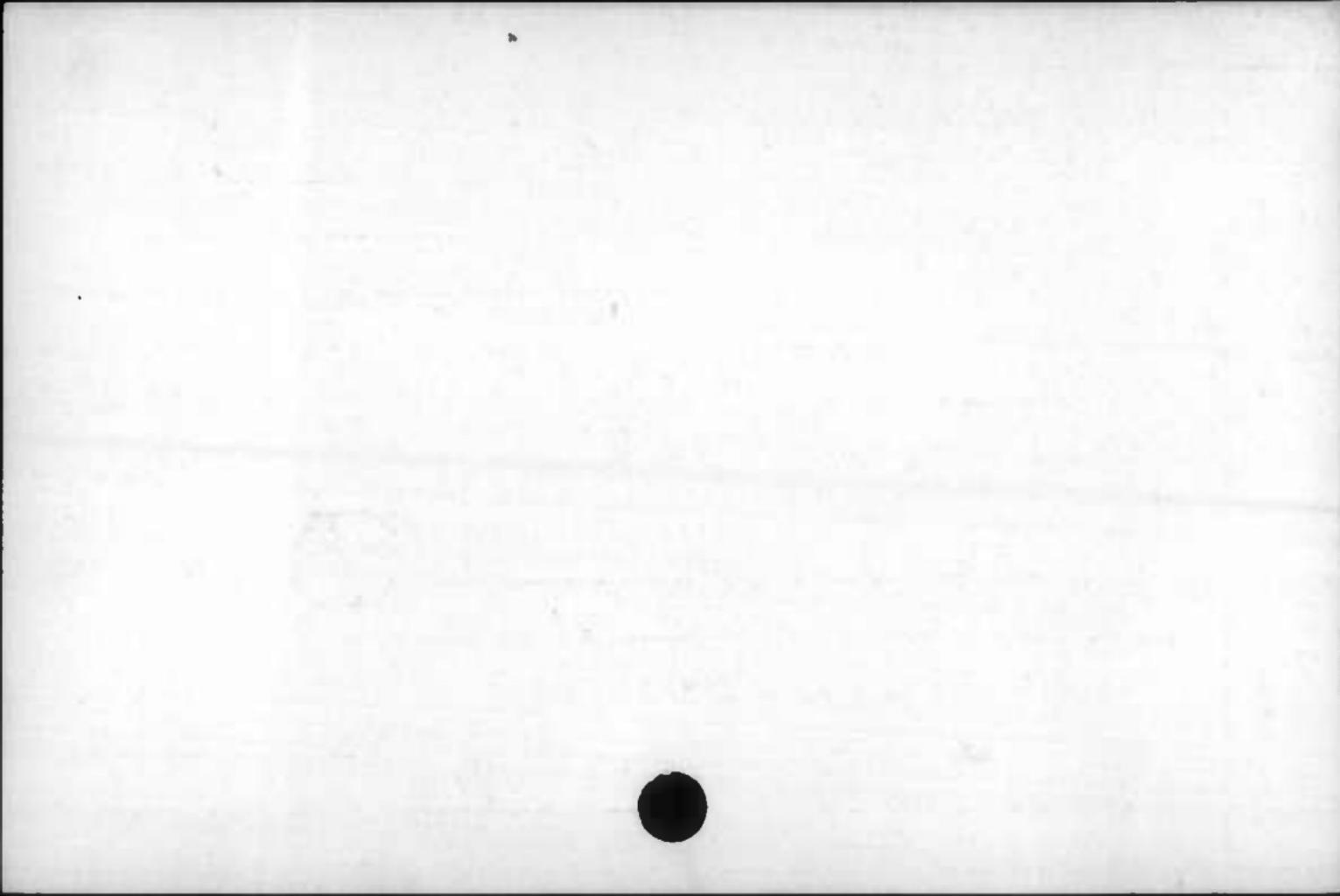
(8)

3 weeks

2 days.

Yes

Address



Name
in
Full

Sarah E Franklin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	A. A. Co			MARYLAND		
Died at	Month	Day	Years	Months	Days	
Date of death	1909 Dec	15	Age 49	5	8	
Sex	Female	Color or Race	White	Birth-place	Middlesex Va	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	George Lunsford	Father's Birthplace	Gloucester Co Va	
Father's Name	Frank W Royston			Mother's Birthplace	Giddlesey Va	
Mother's Maiden Name	Mary Wheeler			How related to deceased	Daughter	
Name of person giving Information	Amelia Schuck					

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

27

How long

2 yrs

Immediate

& Lungs

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

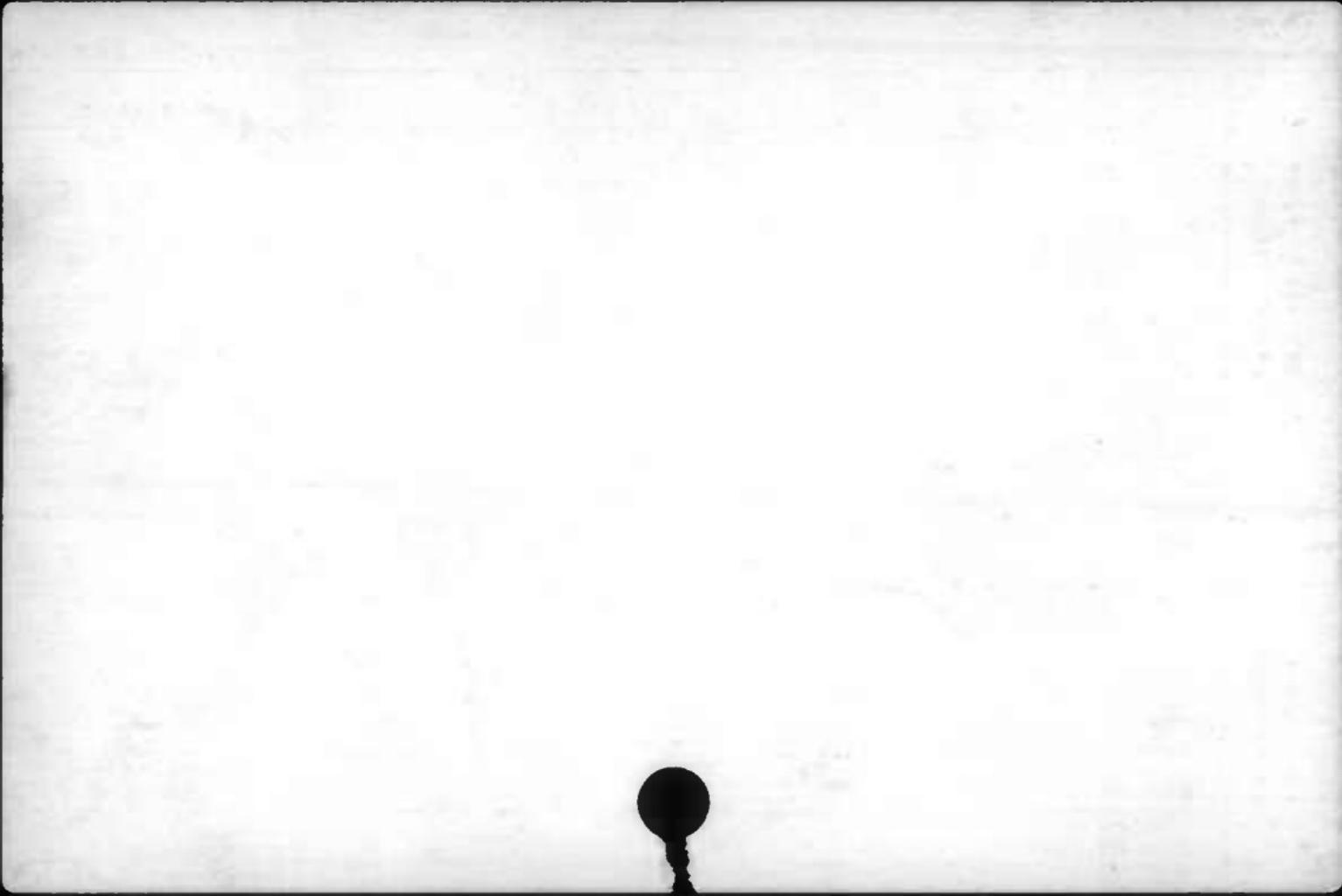
Chas. H. Brooker

Address

Baltimore Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Still born

Glodeck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Took	County	MARYLAND
Date of death	Month	Year	Months
1909	Dec	5	Days
Age	—	—	—
Sex	Female	Color or Race	white
Occupation	—	Where Residing if not at place of death	—
Married, Single or Widowed	—	Name of Wife or Husband	—
Father's Name	James Glodeck	Father's Birthplace	Austria
Mother's Maiden Name	Helen Ceszniske	Mother's Birthplace	Germany
Name of person giving Information	Helen Glodeck	How related to deceased	mother

CAUSES OF DEATH

Primary

Still born - Premature birth

(S)

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Hos. B., Horton Rd.
So. Baltg., Md.

Accident or Suicide?



Name
in
Full

Wm. Green

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Town	County
Died at Coranaway.	A. Co.
Date of death 1909 Dec 13	Month Day, Years
Age 73 47	Months Days
Sex Male	Color or Race Black
Occupation Laborer	Where Residing if not at place of death A. A. Co. Coranaway
Married, Single or Widowed Married	Name of Wife or Husband Maria Harrood.
Father's Name Richard Green	Father's Birthplace A. A. Co.
Mother's Maiden Name Unknown	Mother's Birthplace Unknown.
Name of person giving Information Maria Green.	How related to deceased Wife
CAUSES OF DEATH	
Primary Tuberculosis.	(20) How long About 6 years.
Immediate	How long

PHYSICIAN
OR CORONER

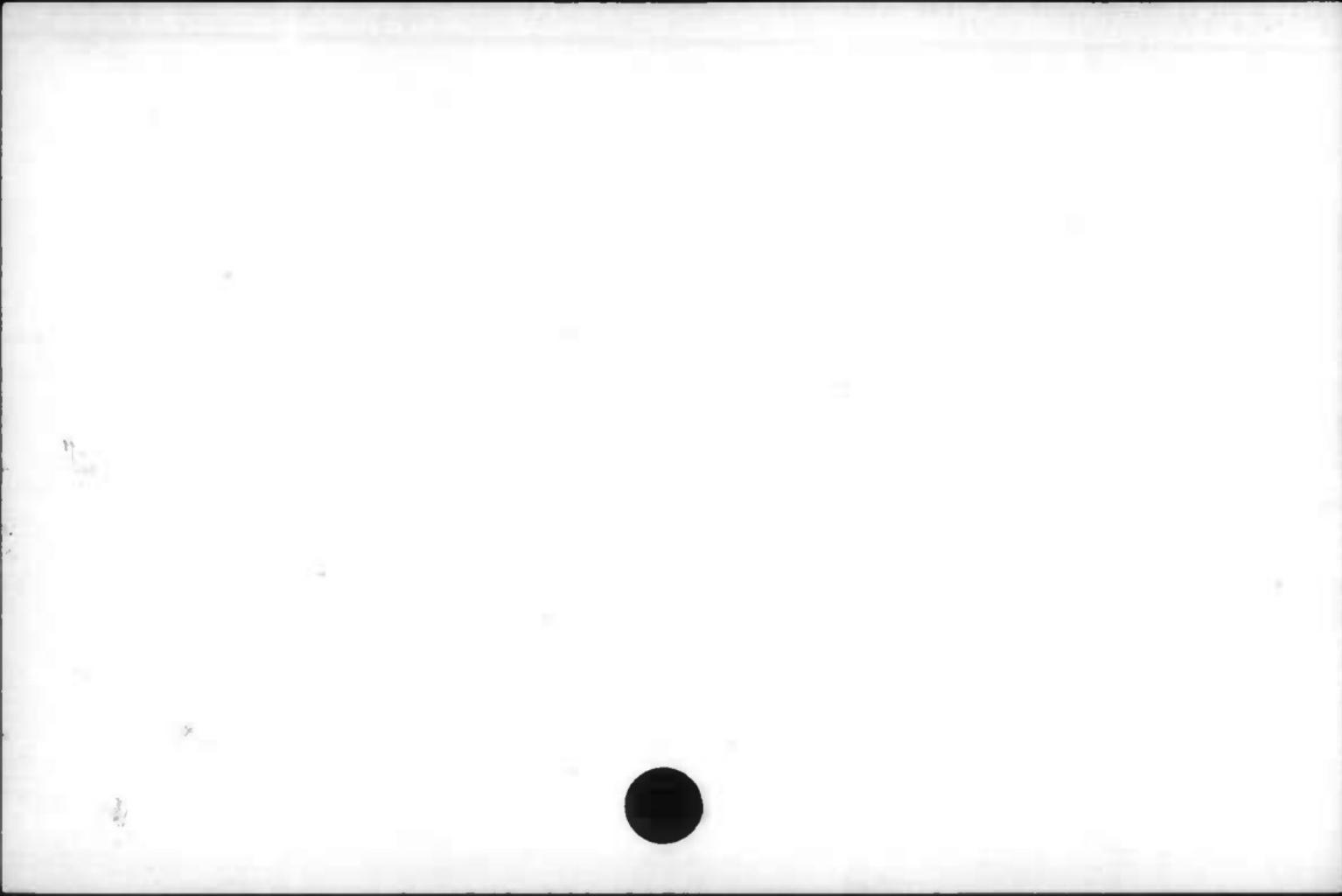
Accident or Suicide

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

N. G. Williams
Gambrills Md.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at Admiral Town Anne Arundel County MARYLAND
Date of death 1909 Month Dec Day 6 Age # Years 4 Months 4 Days 26
Sex Male Color or Race colored Birthplace Maryland
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____

Name of Wife or Husband _____

Father's Name Andrew Hall

Father's Birthplace Maryland

Mother's Maiden Name Mary McCollum

Mother's Birthplace Mass

Name of person giving Information Andrew Hall

How related to deceased Father

CAUSES OF DEATH

Primary Impaired nutrition

179

How long 2 mos

Immediate Exhaustion

How long 3 days

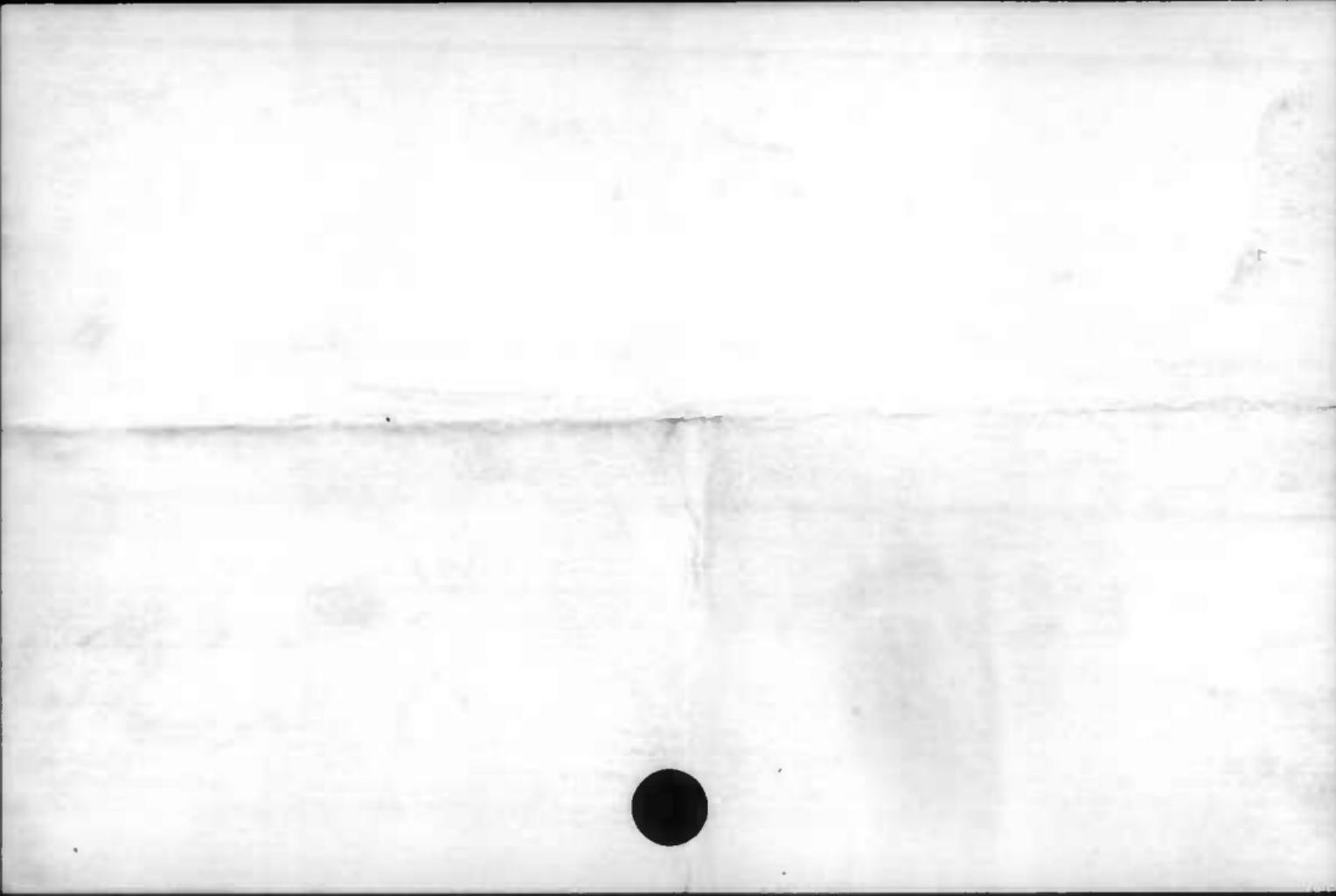
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician
Address

O H McNeer
Odeon

Accident or Suicide



Name
in
Full

Mary J. Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town

County

Died at Ormar.

A. A.

MARYLAND

Date Month Day Years Months Days
of death 1909 12 - 14. Age 2 -

Sex female Color or Race Negro Negro. Birthplace Maryland

Occupation in fair

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

None -

Father's Name Victor Hall

Father's Birthplace Maryland -

Mother's Maiden Name Clara Diggs.

Mother's Birthplace Maryland -

Name of person giving Information Clara Diggs -

How related to deceased Mother -

CAUSES OF DEATH

Primary

apparently Tuberculosis

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Pearl acting as
Accident or Suicide Coroner -

Dr Joyce Justice Jr.
Millersville Md -

29

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

James Harrison

Town New Bowie County Anna Trumlee MARYLAND

Died at Date of death 1909 Month Dec Day 11 Age 74 Years Months Days

Sex Male Color or Race Colored Birth-place Anna Trumlee

Occupation Farmer Where Residing if not at place of death Garrett Harrison

Married, Single or Widowed Married Name of Wife or Husband

Father's Name — Father's Birthplace —

Mother's Maiden Name — Mother's Birthplace —

Name of person giving Information Thornton Jackson How related to deceased none

CAUSES OF DEATH

Primary

Pneumonia
Heart Failure

Immediate

Are the name, age, sex, color, date and place correctly given above?

PHYSICIAN
OR CORONER

yes

Accident or Suicide

no

Signature of Physician

Address

James H. Trumlee
Bowie

Md.

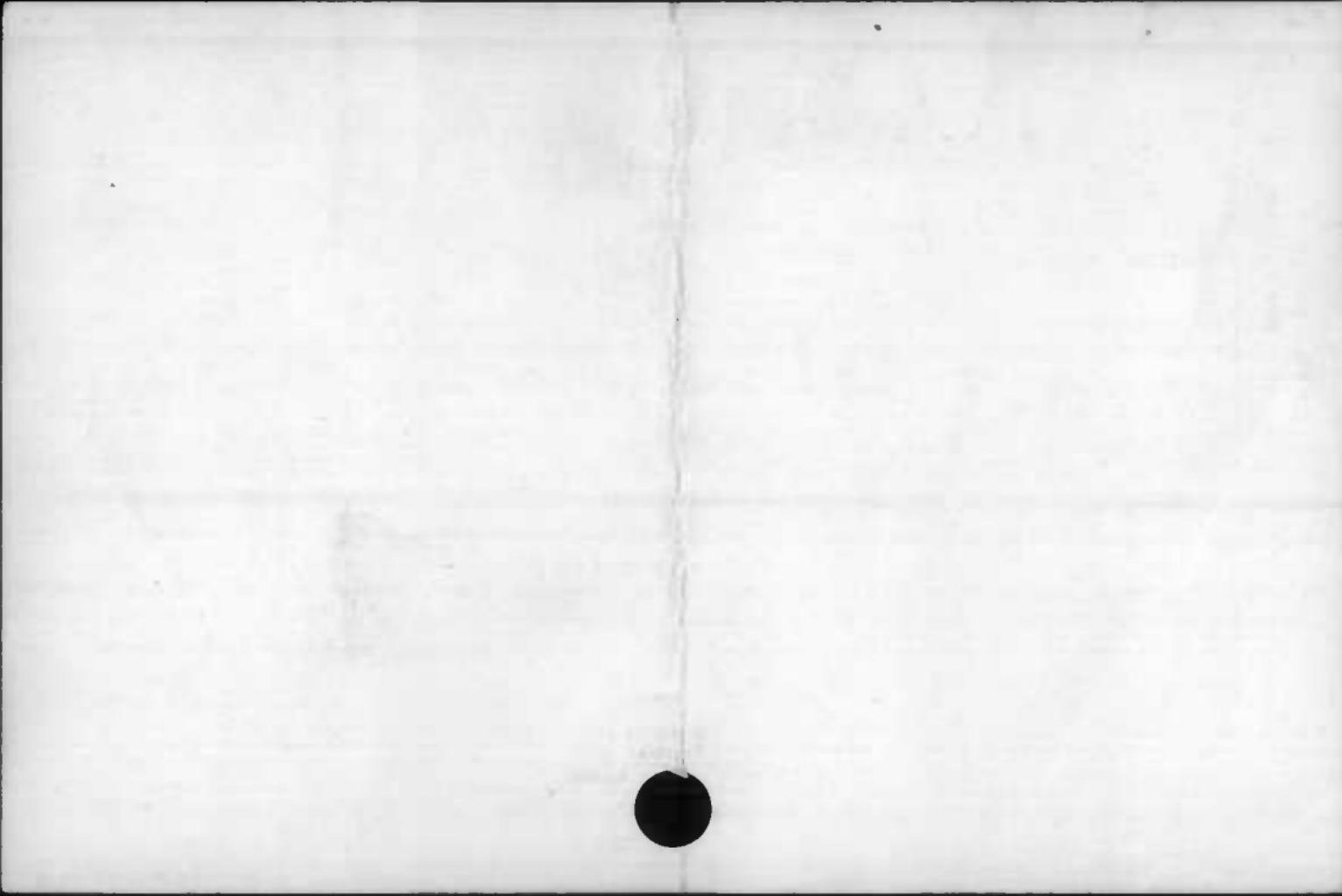
92

How long

6 days

How long

half hour



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Clara Biggs

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND	
Omar	Anne Arundel				
Date of death	Month	Day	Years	Months	Days
1909	DEC	21	Age 21		
Sex	Female	Color or Race	Black	Birth-place	A.A.Co. Md
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Virgil M. Biggs				Father's Birthplace
Mother's Maiden Name	Mary Richardson				Mother's Birthplace
Name of person giving information					How related to deceased

CAUSES OF DEATH

Primary

Tuberculosis - I first saw this girl
Immediatly Dec. 21. 1909 - From her history she had

Are the name, age, sex, color, date and place correctly given above?

been ill for about 3 mos.

Signature of Physician

Address

Accident or Suicide

How long

How long

30

Name
in
Full

Lora May Heller.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND		
Died at	Eastport	a. a. co.				
Date of death	Month	Day	Years	Months	Days	
1909	Dec.	30	Age 29	10	0	
Sex	Female	Color or Race	White	Birth-place	Schale Iowa.	
Occupation	Where residing if not at place of death					
Housewife		Eastport.				
Married, Single or Widowed	married	Name of Wife or Husband	Henry F. Heller.			
Father's Name	Robert W. Donaghue.					Pether's Birthplace unknown
Mother's Maiden Name	unknown					Mother's Birthplace unknown
Name of person giving information	Henry F. Heller.					How related to deceased Husband.

CAUSES OF DEATH

89

How long

1 year

How long

PHYSICIAN
OR CORONER

Primary

Nystedma

Immediate

Cardiac Asthma

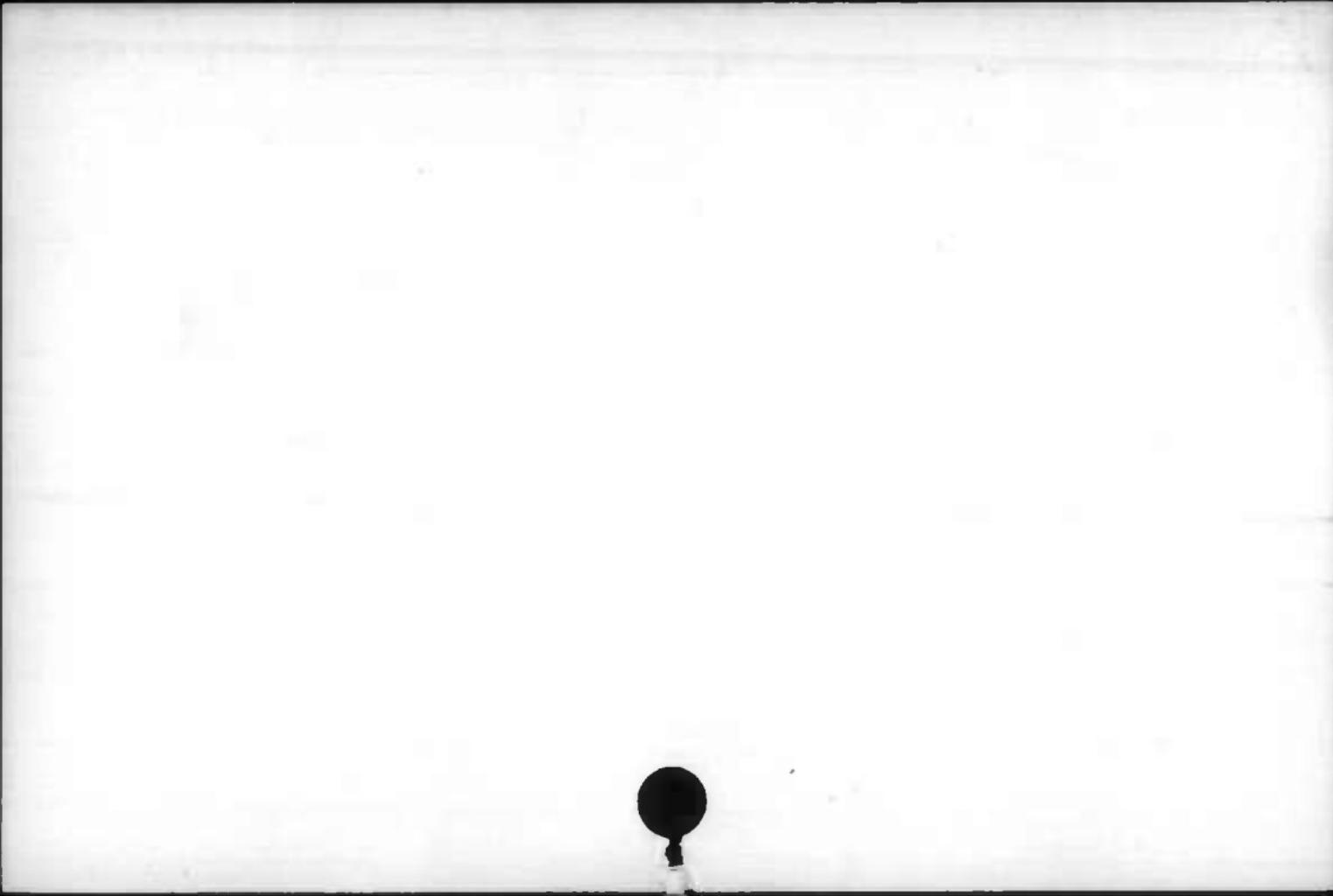
Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

Address

J. J. Murphy.
Annapolis Md.

Accident or Suicide



Name
in
Full

Samuel Holland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Jacob A. Holland			Father's Birthplace	Q. C. Co. Md.
Mother's Maiden Name	Mary E. Johnston			Mother's Birthplace	Baltimore Co. Md.
Name of person giving Information	Jacob A. Holland			How related to deceased	Father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Whooping Cough

8

2 weeks

Immediate

Broncho-pneumonia Asphyxia

12 hours

Are the name, age, sex, color, date and place correctly given above?

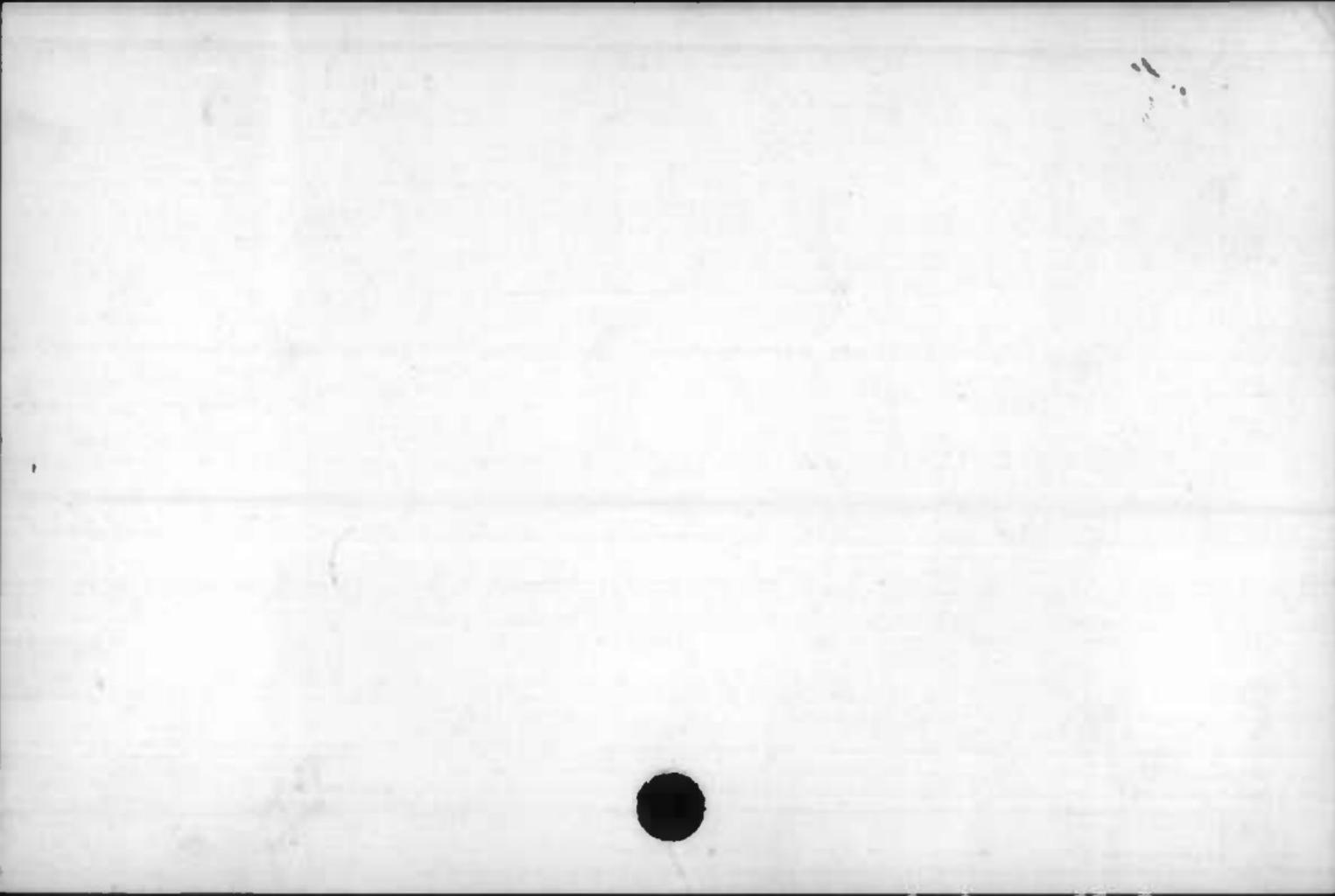
Yes.

Signature of Physician

Address

R. W. Wilson M.D.
Churchton A. A. Co.
Md.

Accident or Suicide?



Name
in
Full

Benj. F. Hopkins —

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Colnaways.	a.a.		
Date of death	Month	Day	Years
1909	12	20	Age 63.
Sex	Color or Race	Birth-place	
Male	Negro.	Maryland -	
Occupation	Where Residing if not at place of death		
Farmer.	Fanny Hopkins		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Maryland
Benj. Hopkins			
Mother's Maiden Name		Mother's Birthplace	
Unknown			
Name of person giving information	Fanny Hopkins	How related to deceased	Wife /

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Exposure.

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

B. D. Joyce —
acting as Coroner

Indigo Pine

Melroseville

Accident or Suicide

82

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

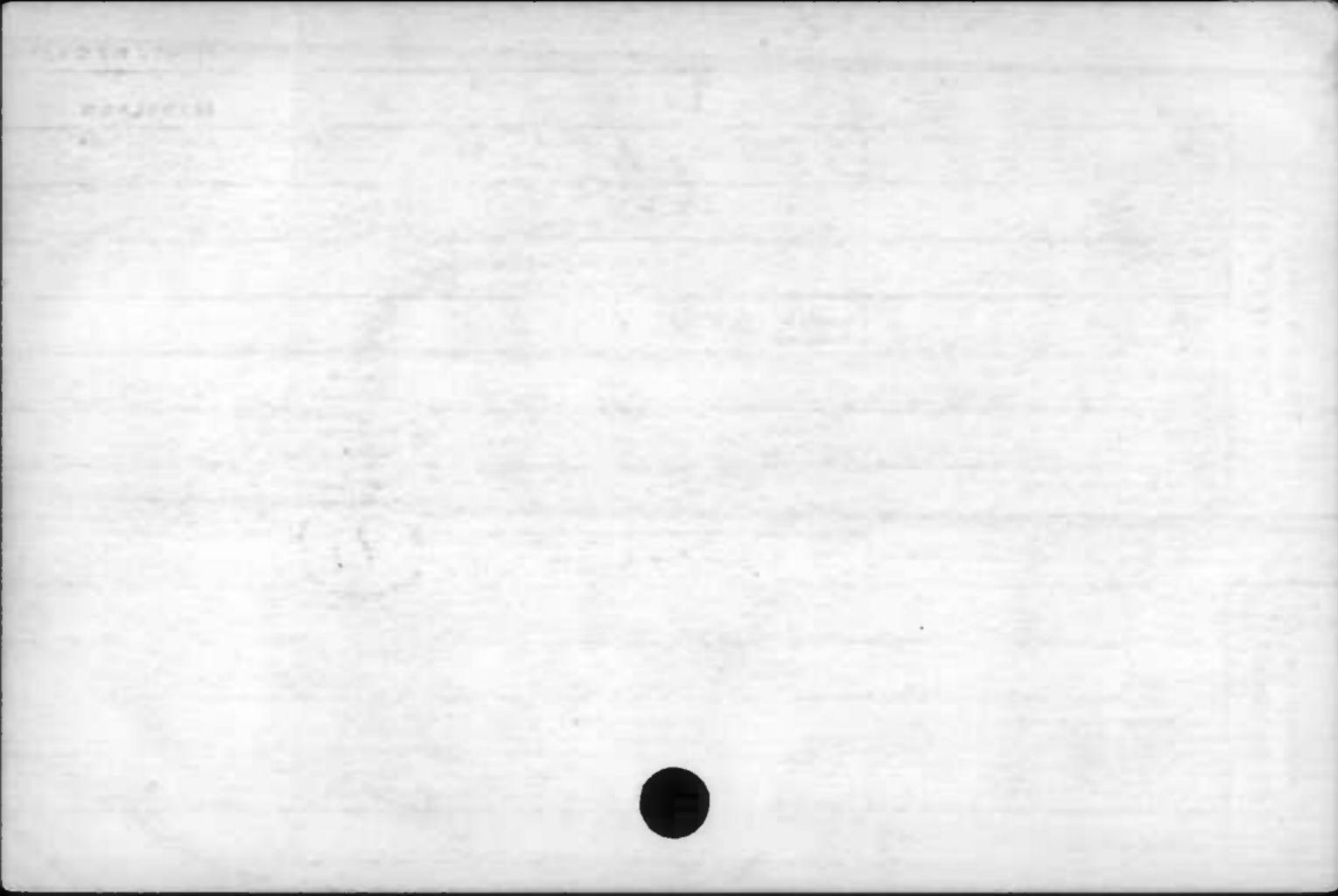
Name in Full		James W. Hughes		Tow County a. a.			
Died at Place		East Brooklyn		Month Dec	Day 28	Years 43	Months 8
Sex Male		Color or Race White		Age		Days 51	
Occupation Boilermaker				Where Residing if not at place of death Vincent, Indiana		Birthplace Franklin, Pa.	
Married, Single or Widowed Married		Name of Wife or Husband Lena M. Hughes				Father's Birthplace Unknown	
Father's Name Unknown						Mother's Birthplace Unknown	
Mother's Maiden Name Unknown						How related to deceased Wife	
Name of person giving Information Lena M. Hughes							
CAUSES OF DEATH							
Primary							
Immediate		Paralysis of Nearnk or over				How long	
Are the name, age, sex, color date and place correctly given above ? yes		Signature of Physician John E. Peter Coroner					
		Address Brooklyn, Md					
Accident Suicide							

79

How long

How long

How long



Name
in
Full

Osey Ola Elizabeth Hutton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town Died at	County	MARYLAND			
Annapolis	A - A - -				
Date of death 1909	Month Dec.	Day 11	Years —	Months 11	Days 11
Sex Female	Color or Race Colord	Birth- place Annapolis			
Occupation unknown	Where Residing if not et place of death 75 - North West St.				
Married, Single or Widowed Single	Name of Wife or Husband unknown				
Father's Name Walter Hutton	Father's Birthplace Annapolis Md				
Mother's Maiden Name Agnes Walker	Mother's Birthplace Annapolis Md				
Name of person giving Information Agnes W. Hutton	How related to deceased Mother				

Brewerhill

CAUSES OF DEATH

Primary

Acute Bronchitis

90

How long

six days

Immediate

Heart Failure

immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Ambrose Garcia M.D.
34, 2nd St

Accident or Suicide



Name
in
Full

James W. Ireland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at	West River	County Place Deceased	MARYLAND
Date of death	Month December 19	Day 19	Years Age 68
Sex	Male	Color or Race	American
Occupation	Farmer	Where Residing if not at place of death	Anne Arundel
Merried, Single or Widowed	Married	Name of Wife or Husband	Barbara Jane Ireland
Father's Name	Benjamin Ireland	Father's Birthplace	Calvert Co., Md
Mother's Maiden Name	Don't Know	Mother's Birthplace	Calvert Co., Md
Name of person giving Information	George Ireland	How related to deceased	Son

CAUSES OF DEATH

Primary

Septrhatis Leucocytæmia

53

How long

Several yrs

Immediate

Cardiac failure

How long

2 Weeks

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

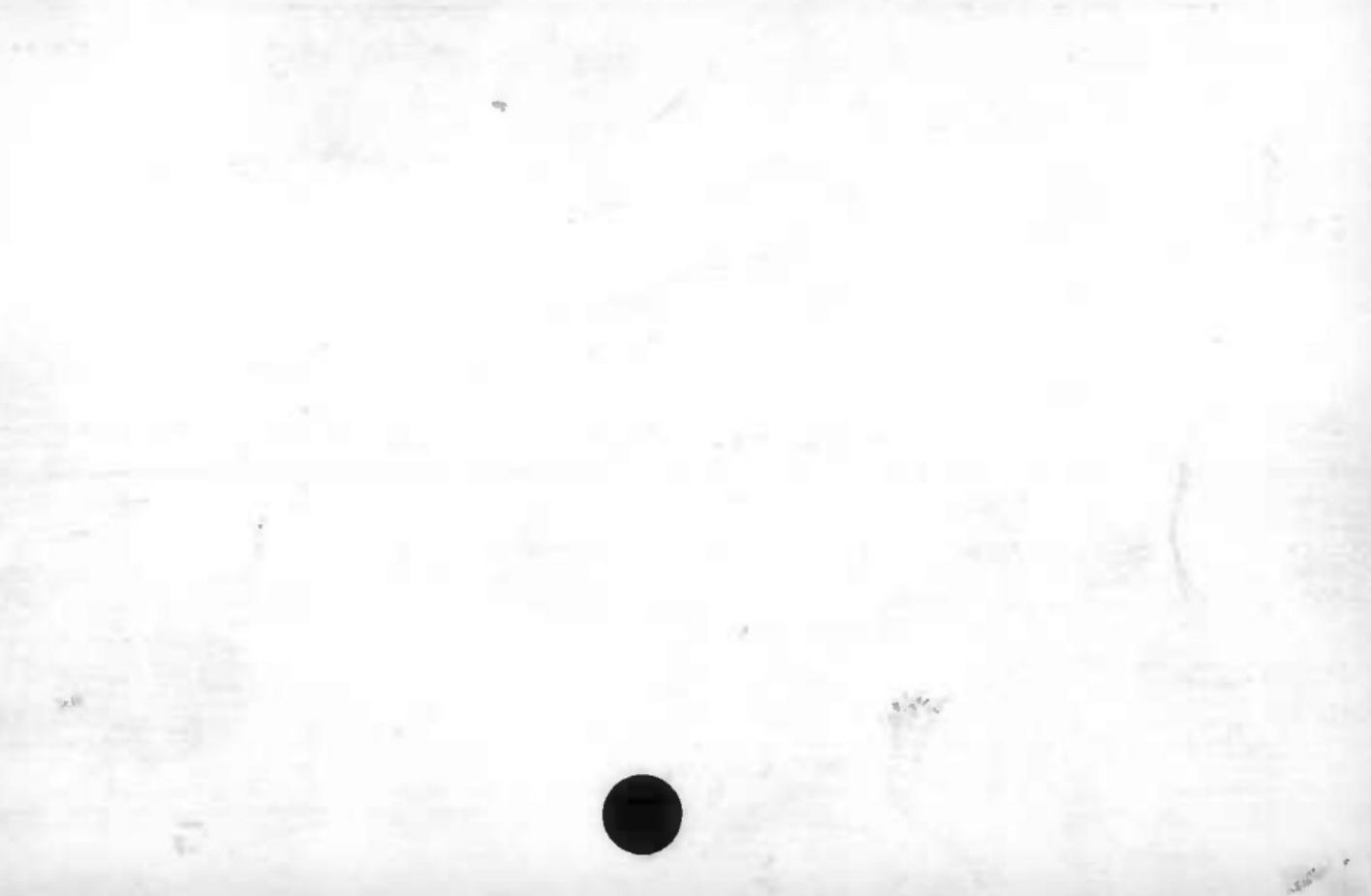
MacLaurie Goward, M.D.

Yes

Address

West River

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Harry James Jutt.

CERTIFICATE OF DEATH

Town		County		MARYLAND		
Died at	Jacobsville	Age	Anne Arundel	Month	Years	Days
Date of death	1909	Dec.	22	Dec.	4	2
Sex	Male	Color or Race	White	Birth-place	Anne Arundel Co.	
Occupation	Where Residing if not at place of death					—
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	George C. Jutt. Jr.			Father's Birthplace	Anne Arundel Co.	
Mother's Maiden Name	Marguerate Heath			Mother's Birthplace	Anne Arundel Co.	
Name of person giving information	Geo. C. Jutt. Jr.			How related to deceased	Father	
CAUSES OF DEATH				(105)	How long	

Primary

Cholera Infantum -

How long

2 months

Immediate

Exhaustion

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

James P. Billingsley M.D.
Eaton
Md

Accident or Suicide

No.



Name
in
Full

Marie L. Kaiser

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	—	6	2
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	—			
Father's Name	John Kaiser	Father's Birthplace			Germany
Mother's Maiden Name	Barbara M. Schmidt	Mother's Birthplace			Baltz, Md
Name of person giving information	Barbara M. Kaiser	How related to deceased			Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

93

How long

3 days

Immediate

Heart Failure

How long

immediate

Are the name, age, sex, color, date and place correctly given above?

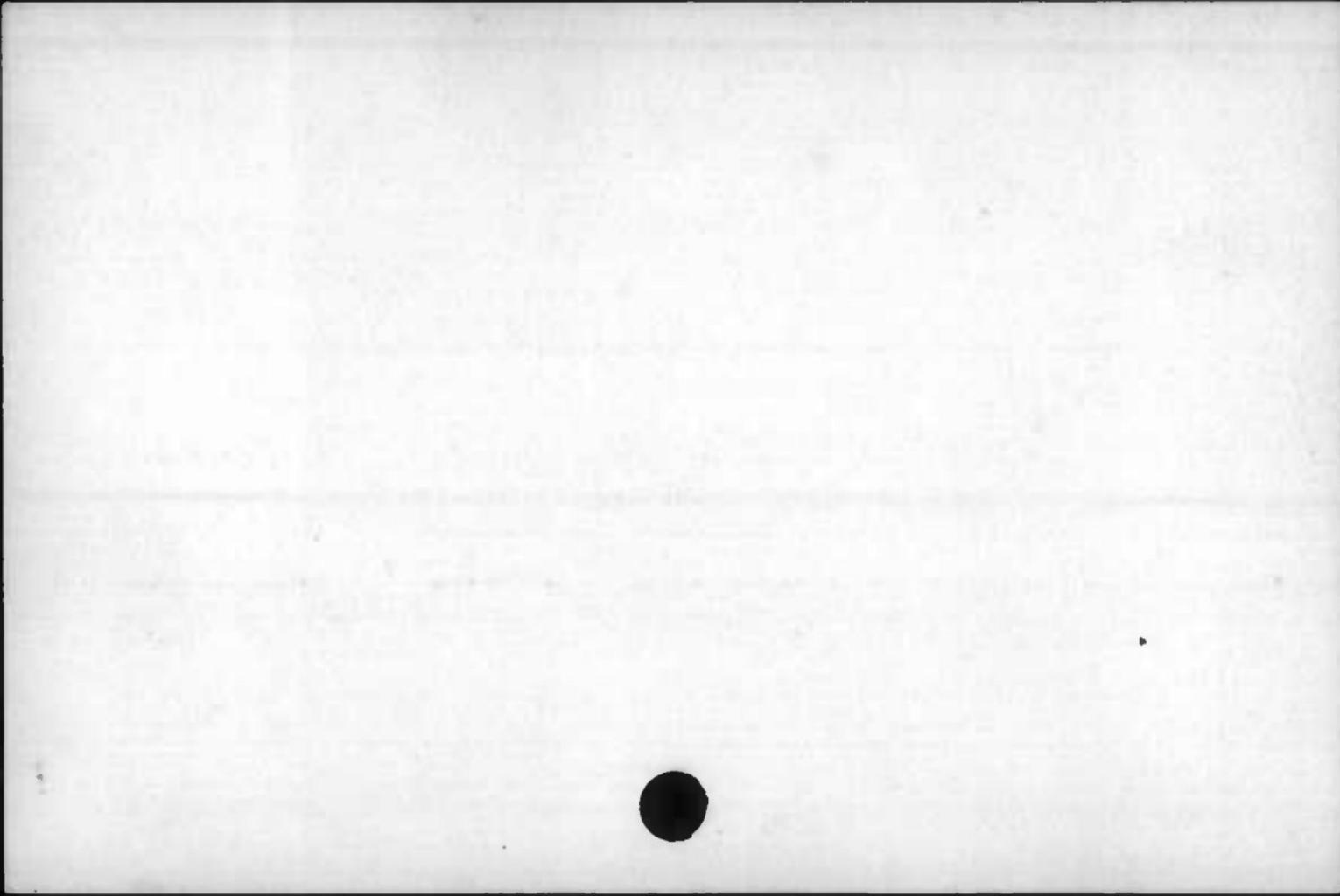
yes

Signature of Physician

Address

Thos. C. Norton MD
So. Baltz, Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

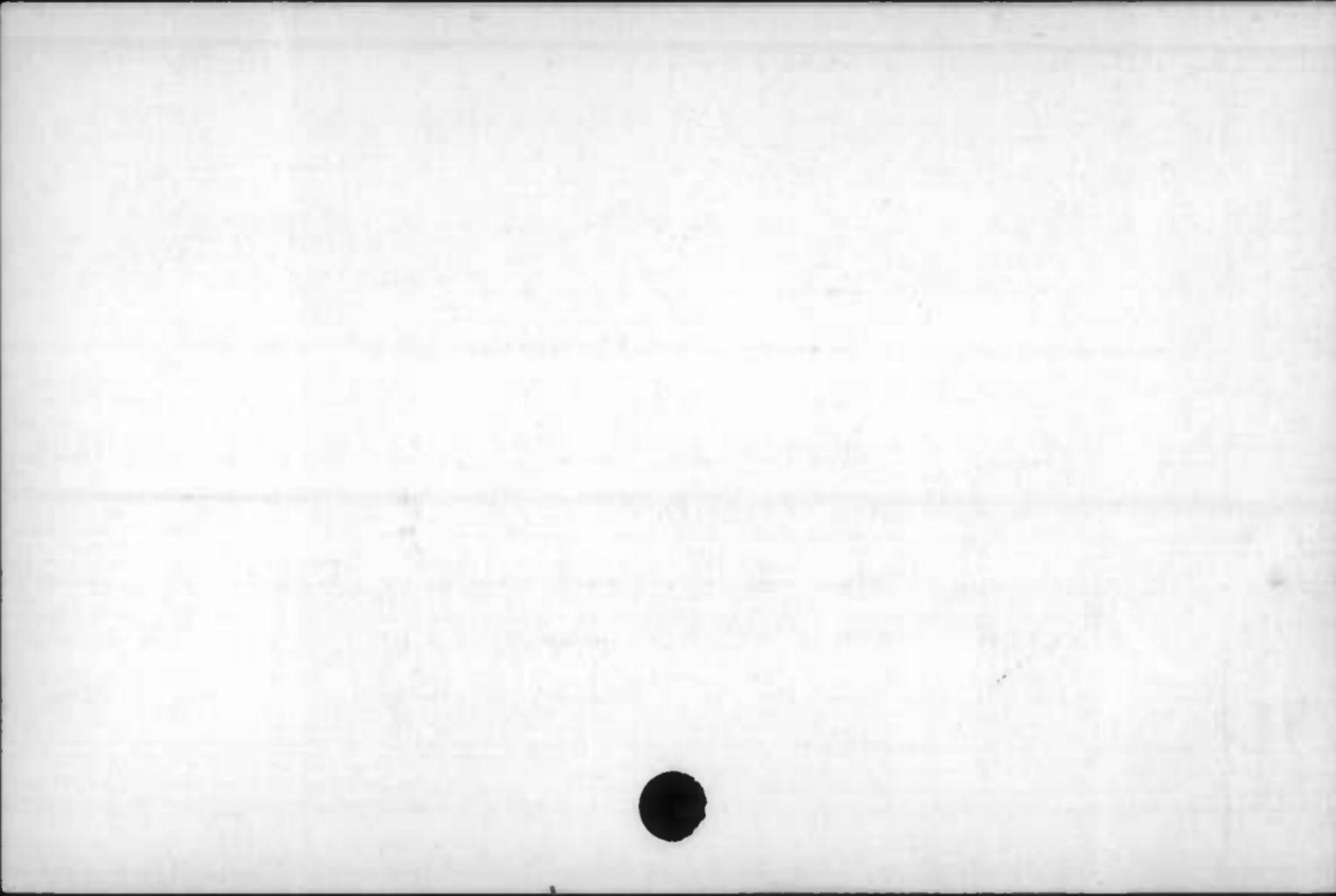
✓

John Kammer Jr				CERTIFICATE OF DEATH		
Died at 50. Baltic - Town		Aust. County		MARYLAND		
Date of death 1909	Month Dec	Day 16 th	Age 60	Years	Months	Days
Sex Male	Color or Race white	Birth-place Germany				
Occupation Carpenter	Where Residing if not at place of death 1711 Brunst St. Baltic					
Married, Single	Name of Wife or Husband Pauline	Kammer				
Father's Name Unknown	Father's Birthplace Germany					
Mother's Maiden Name Unknown	Mother's Birthplace Germany					
Name of person giving Information John Kammer Jr	How related to deceased Son of					

USES OF DEATH

164

Primary Fractured spine	at South Baltic	How long half hour
Immediate Right knee two cars of	South Baltic	How long 5
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
yes	Address John C. Potee Cerone	
Accident	Brooklyn, Md	



Name
in
Full

Elijah Bass Manford Kennedy

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis

Town Month Day

County

MARYLAND

Days

Date
of death 190

9 December 27

Years

Months

Age 34

—

—

Sex Female

Color or
Race

white

Birth-
place Montgomery Ala

Occupation

Horse

Where Residing if not
at place of death

Married, Single
or Widowed

divorced

Name of Wife or
Husband

Anthony K Kennedy

Father's
Name

William Manford

Father's
Birthplace

Richmond Va

Mother's
Maiden Name

Mary Frances Bass

Mother's
Birthplace

Montgomery Ala

Name of person giving
Information

Glythe Manford

How related
to deceased

brother

CAUSES OF DEATH

Primary

Pneumonia

93

Immediate

Asthenia

✓

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. M. S. Welch
Annapolis

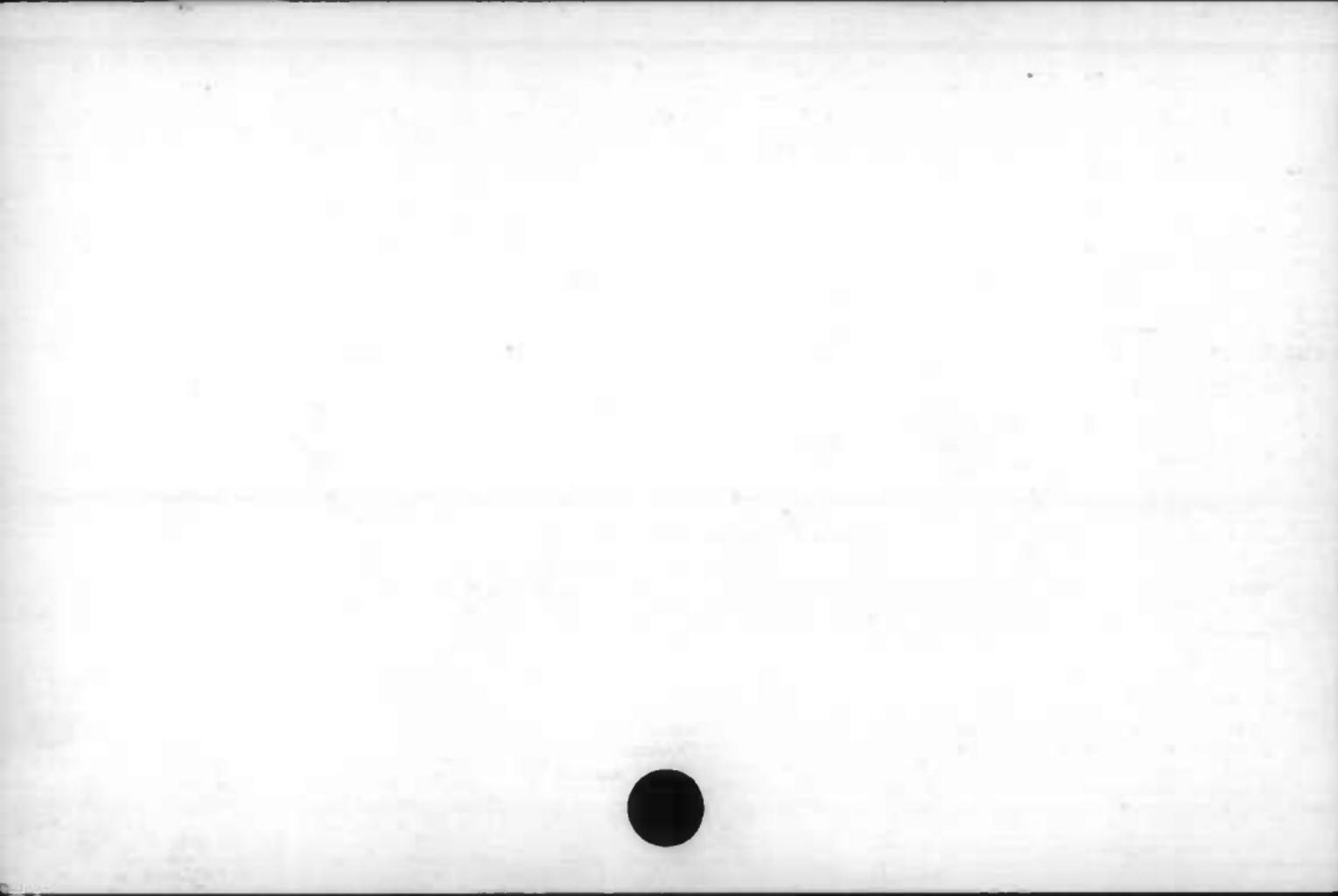
Accident or Suicide

How long

5 days

1 day

Annapolis



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Knackstead -

Died at Annapolis

Town

Date of death 1909 Dec. 8

Month

Day

Anne Arundel

County

MARYLAND

Sex male

Color or Race

white

Birth-place

Annapolis

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Louis Knackstead -

Father's
Birthplace

Baltimore Md

Mother's
Maiden Name

Frannie Gibbons -

Mother's
Birthplace

Annapolis Md

Name of person giving
Information

Louis Knackstead -

How related
to deceased

Brother

CAUSES OF DEATH

Primary

8 mos. Infant

Immediata

Still Born.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

S S Hepburn M.D.
Annapolis Md.

Accident or Suicide

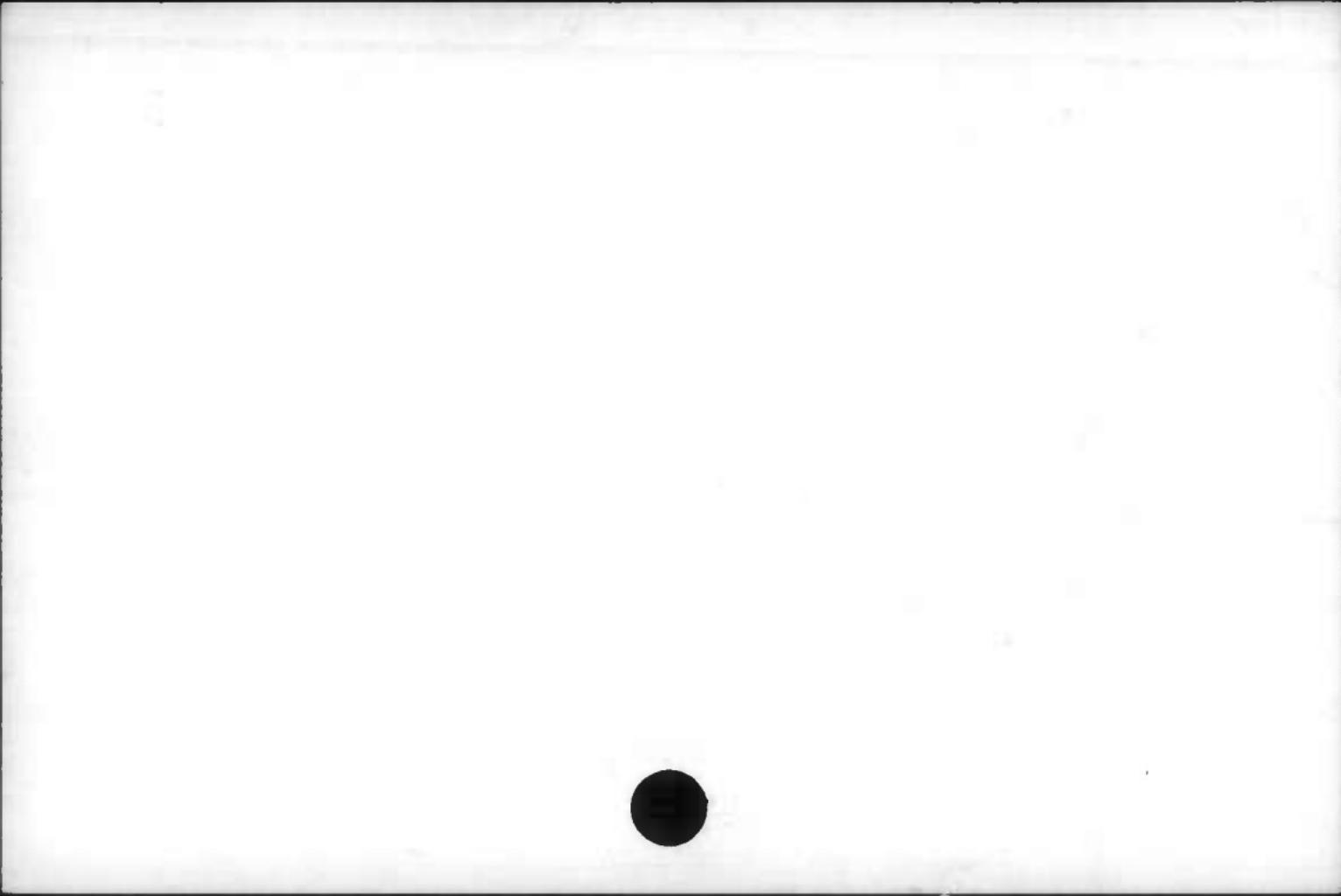
CERTIFICATE OF DEATH

MARYLAND

Deys

8
How long

How long



Name
in
Full

John McDowell Learitt.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town County
Died at Annapolis Anne Arundell MARYLAND
Month Years Months Days
Date of death 1909 December 12 Age 85 7 2.
Sex Male Color or Birth-place Steubenville
Race White Occupation OHIO, U.S.A.
Married, Single Name of Wife or Where Residing if not
or Widowed Widower Husband at place of death
Father's Name Humphrey Howe Learitt Bithia Brooks.
Mother's Maiden Name Maria Antoinette McDowell Learitt
Name of person giving Information Logan Cresap
Name of person giving Information

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Infirmities of age

154

How long

6 weeks

Immediate

Asthma

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

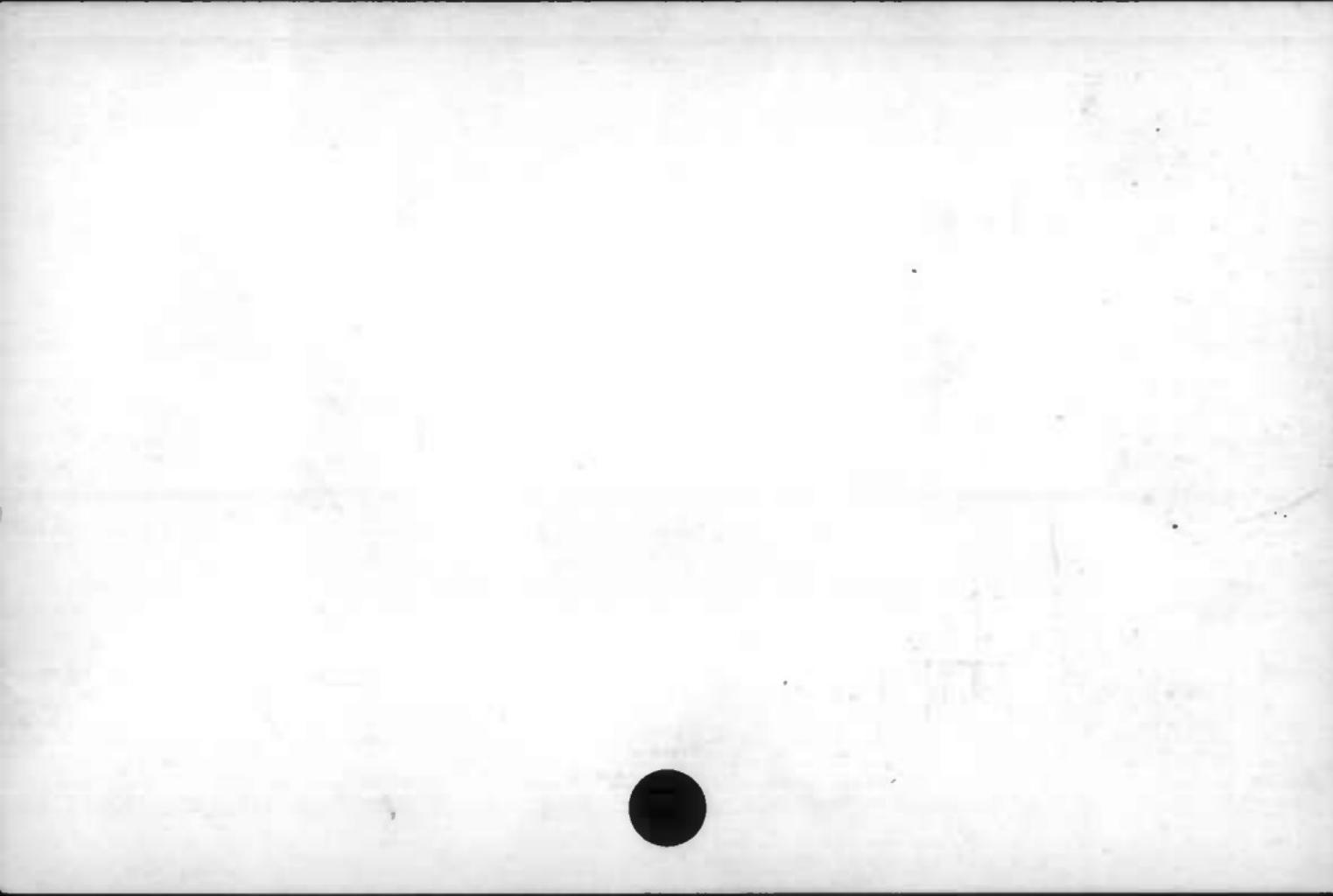
Address

GEO. Wells

Annapolis,
Maryland

Accident or Suicide

yes no



Name
in
Full

Miranda Mc Clellan

CERTIFICATE OF DEATH

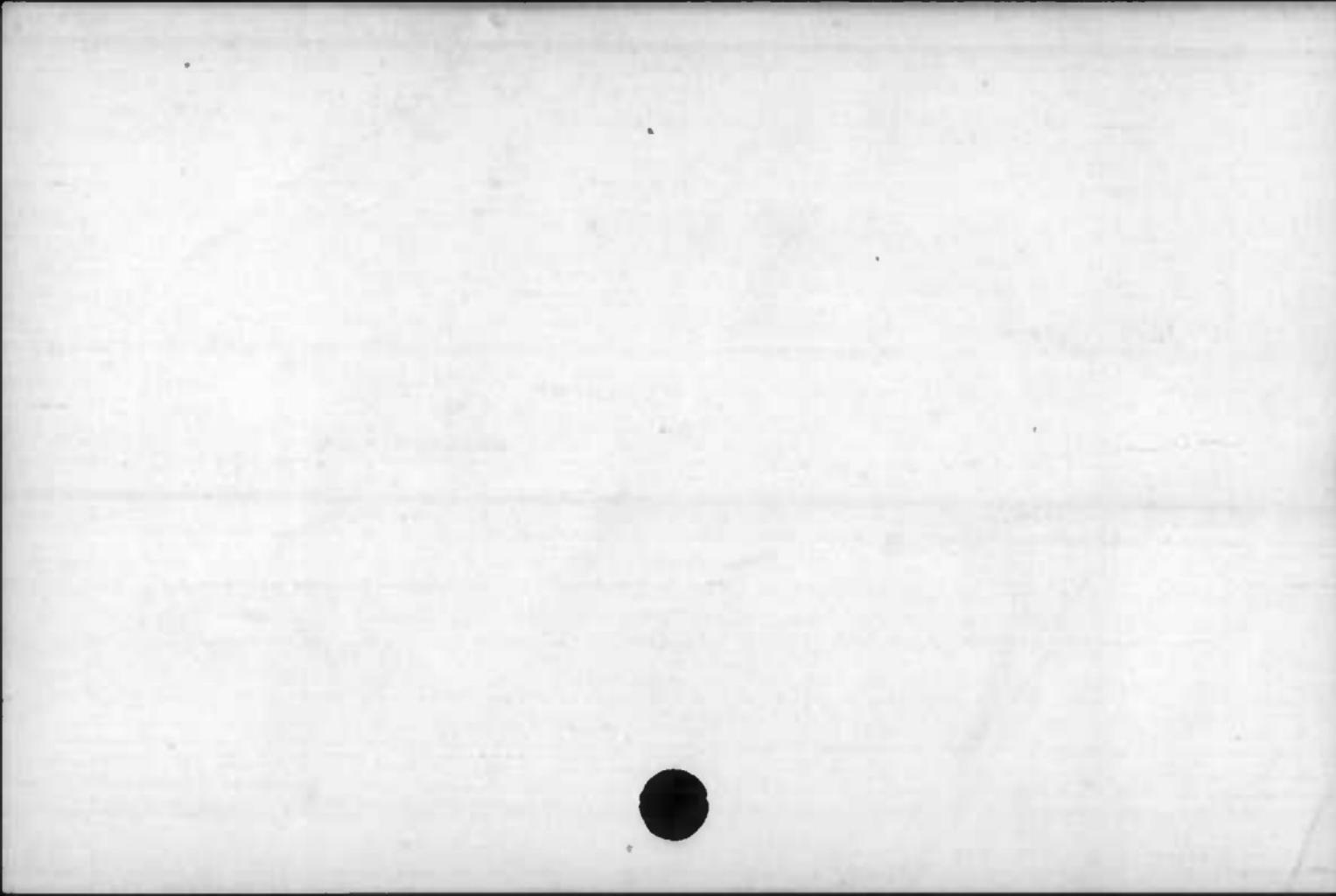
To BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND		
Died at	Admiral	Time	Wounded			
Date of death	1909	Month	12	Day	16	Years
Age	27	Months	—	Days	—	—
Sex	Female	Color or Race	Colored	Birth-place	A. A. G. Md	
Occupation	Housewife			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	William Mc Clellan	Father's Birthplace	A. A. G. Md	
Father's Name	George Hall			Mother's Birthplace	Md	
Mother's Maiden Name	Annie Johnson			Name of person giving information	How related to deceased	Father
George Hall.			78			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Endocarditis			How long	2 months
Immediate	Dyspnoea			How long	one hour
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. A. Hammond		
		Address	Jesup Md		
Accident or Suicide?	to				



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

✓

Fraddens McPherson
Amatophis Anna Arnold

CERTIFICATE OF DEATH

MARYLAND

Died at _____ Town _____ County _____

Date of death 1909 Dec Month _____ Day 29 Years _____ Months _____ Deys _____

Sex Male Color or Race Colored Age _____ Birth-place _____

Occupation _____ Where Residing if not at place of death 5 Carroll St.

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name William McPherson Birthplace Amatophis

Mother's Maiden Name Anna Price Birthplace _____

Name of person giving Information Anna Price Relation to deceased Mother

CAUSES OF DEATH

Primary

Bronchitis-Pneumonia
Exhaustion

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

92

How long

How long

✓ 3 days
3 hours
P.P. Hospital
6 Cathedral St
Annapolis Md

Accident or Suicide

No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Leon Makell

Died at <u>near Churchton</u>		Town	County <u>Anne Arundel</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Dec</u>	Day <u>5th</u>	Years <u>1</u>	Months <u>5</u>	Days <u>5</u>	
Sax <u>male</u>	Color or Race <u>Colored</u>	Birth-place <u>near Churchton</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Morris Makell</u>	Father's Birthplace <u>Churchton Md</u>					
Mother's Maiden Name <u>Elizabeth Blunt</u>	Mother's Birthplace <u>Churchton</u>					
Name of person giving Information <u>Charles Blunt.</u>	How related to deceased <u>uncle</u>					

CAUSES OF DEATH

Primary

Whooping Cough

8

✓
How long
2 weeks

Immediate

Convulsions. Exhaustion

How long

2 1/2 hours.

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Address

G. P. W. Wilson MD
Churchton,
Md.

Accident or Suicide

over

Interment at Deal Cemetery

Name
in
Full

Still Born Infant

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Mother's Maiden Name	Cathie Nicholson	Mother's Name	Mother's Birthplace
Name of person giving information	Mary Nicholson	How related to deceased	Grandmother

CAUSES OF DEATH

Primary

Still Born

Immediate

Still Born

Are the name, age, sex, color, date and place correctly given above?

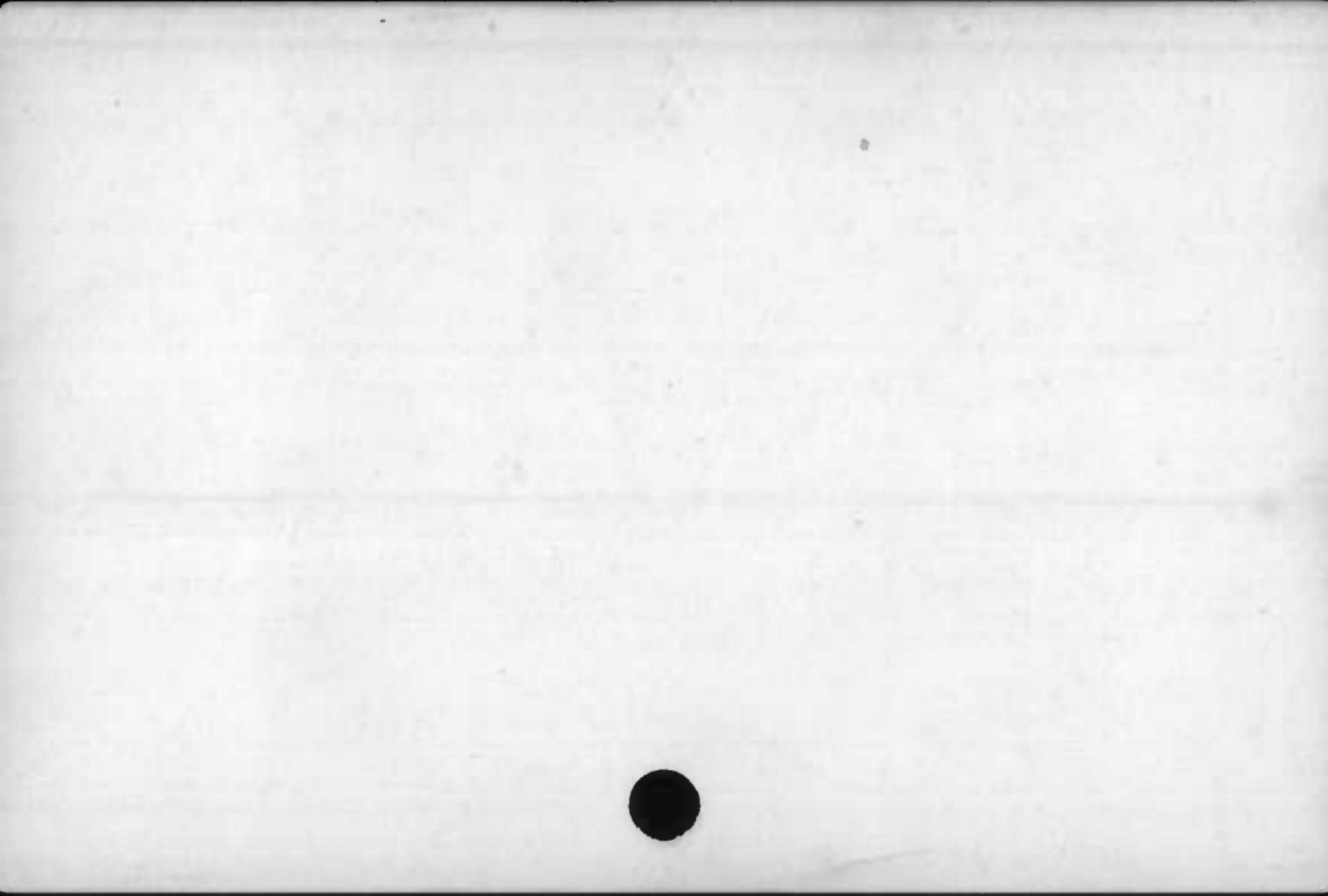
Yes

Signature of Physician

Address

Accident or Suicide?

TERESA WENDELL M.
Registration



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J

Baby.

Mitchell

CERTIFICATE OF DEATH

Died at Eastport

Anne Arundel

MARYLAND

Date of death 1909 Dec 18

Month Day

Years

Months

Days

Sex Female

Color or Race

White

Birth-place

Eastport Md

Occupation

Flower

Where Residing if not
at place of death

Married, Single
or Widowed

None

Name of Wife or Husband

None

Father's Name

Wm J Mitchell

Father's Birthplace

Han Co. Md

Mother's Maiden Name

Arbridge C. Hall

Mother's Birthplace

Name of person giving Information

Wm J. Mitchell

How related
deceased

Father

CAUSES OF DEATH

Primary

Nonclosure Foramen Ovale

150

mm long

Immediate

Cyanosis

1 day

Are the name, age, sex, color, date and place correctly given above?

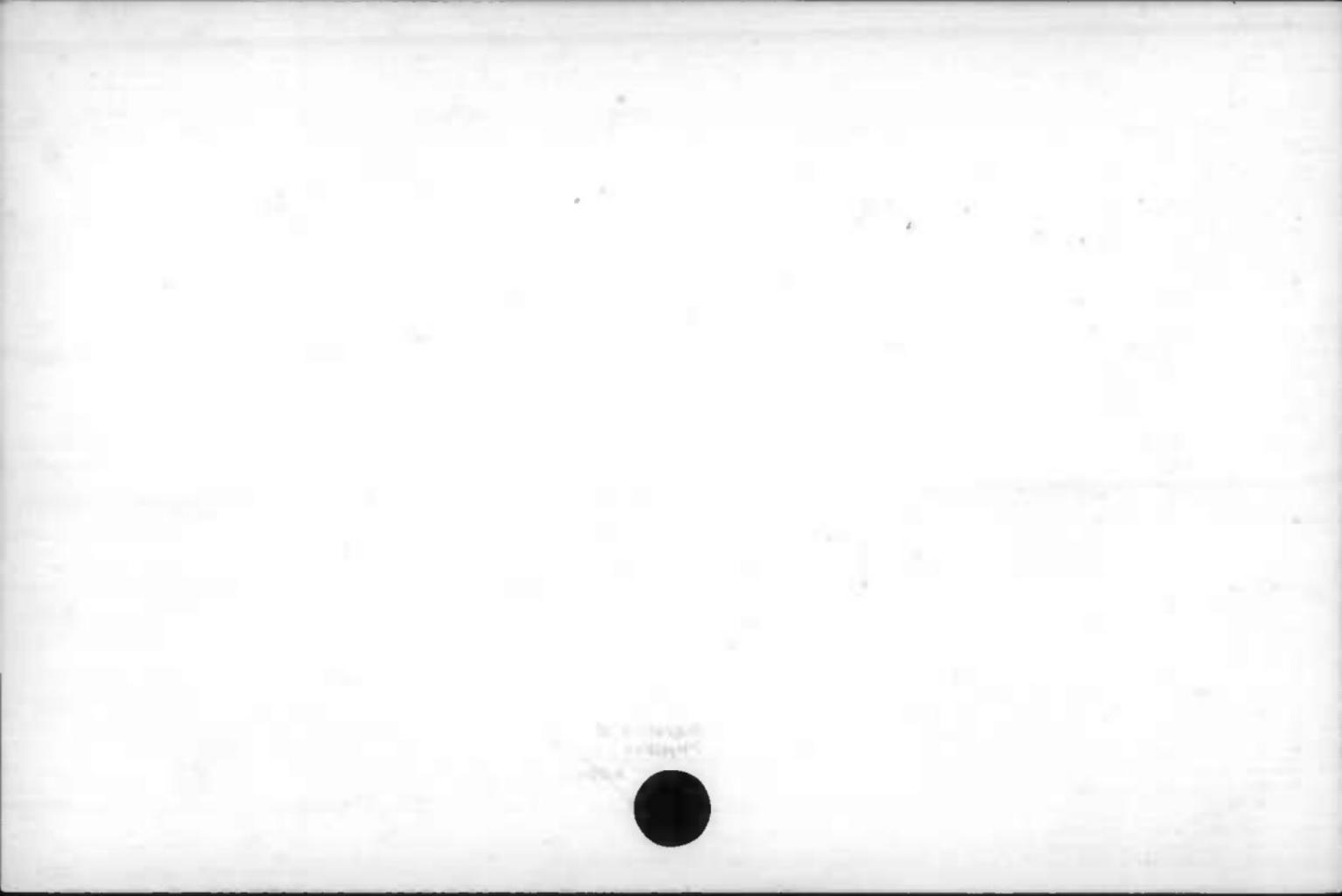
yes

Signature of Physician

Address

Hugh Welch
Annapolis Md

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Birtha Irisa Moyer
Town Annapolis County Maryland
Died at Date of death 1909 Dec 19 Age 19
Month Day Years Months Days

CERTIFICATE OF DEATH

MARYLAND

Sex Female Color or Race Colonial Birth-place Annapolis
Occupation Domestic Where Residing if not at place of death 16 Clay St

Married, Single
or Widowed

Name of Wife or Husband

Father's Name

John Valser

Father's Birthplace

Mother's Maiden Name

Dolly Crumpler (Della)

Mother's Birthplace

Name of person giving Information

George Valser

How related to deceased

CAUSES OF DEATH

Primary

Pulmonic Tuberculosis

27

How long

3 months

Immediate

Asthenia

How long

One week.

Are the name, age, sex, color, date and place correctly given above?

Yes

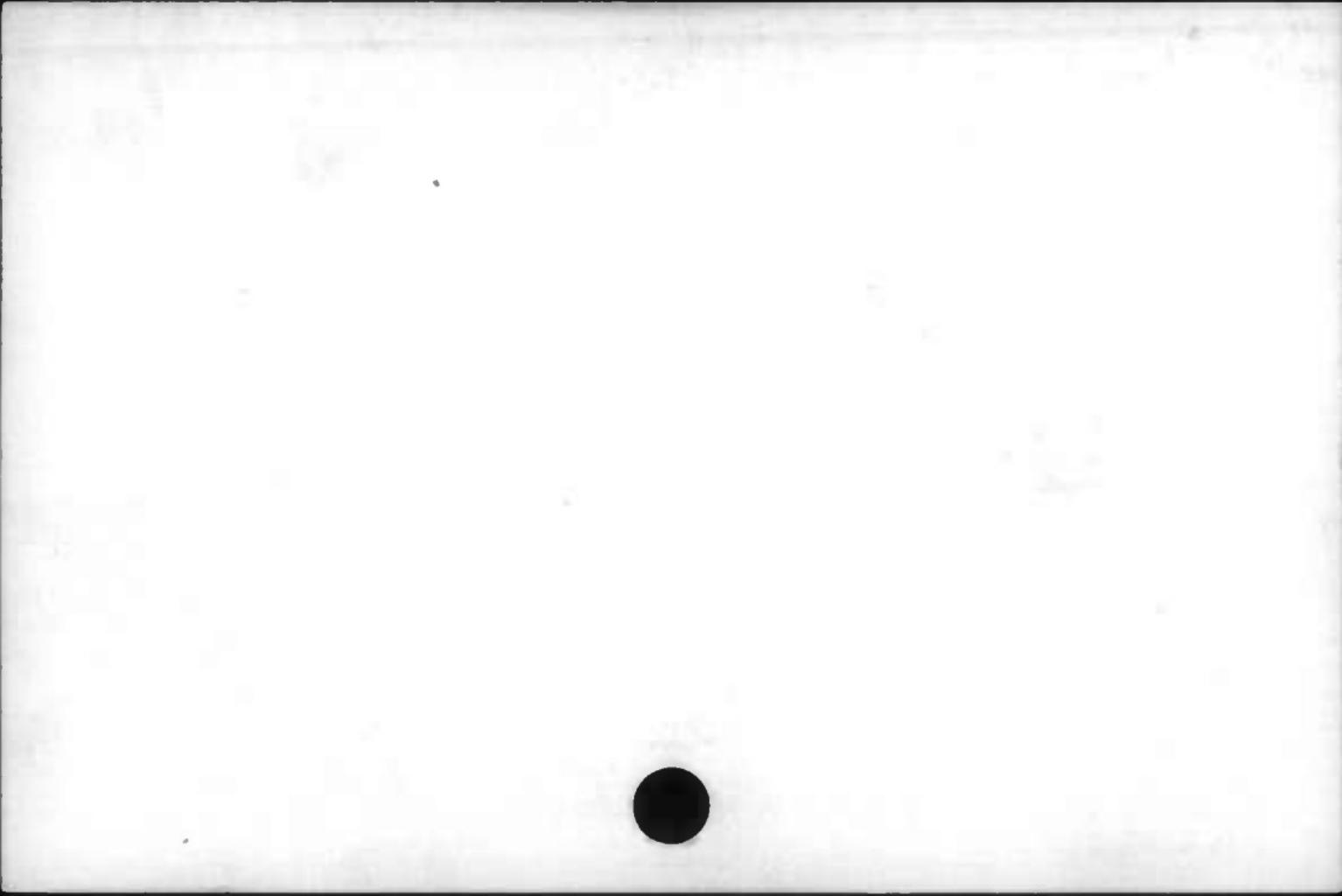
Signature of
Physician

Address

R. P. O. Office
60 Cathedrals St.
Annapolis Md

Accident or Suicide

No



Name
in
Full

Sophia Molanosky

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	So. Balto	A. A.			
Date of death	Month	Day	Age	Years	Months Days
1909	DEC	7	—	—	10
Sex	Female	Color or Race	white	Birth-place	S. Batty, MD
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	—			
Father's Name	Alek Molanovsky			Father's Birthplace	Russia
Mother's Maiden Name	Stanislava Kazibinsky			Mother's Birthplace	Russia
Name of person giving information	Alek Molanovsky			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

93

How long

one week

Immediate

Heart Failure

immediate

Are the name, age, sex, color, date and place correctly given above?

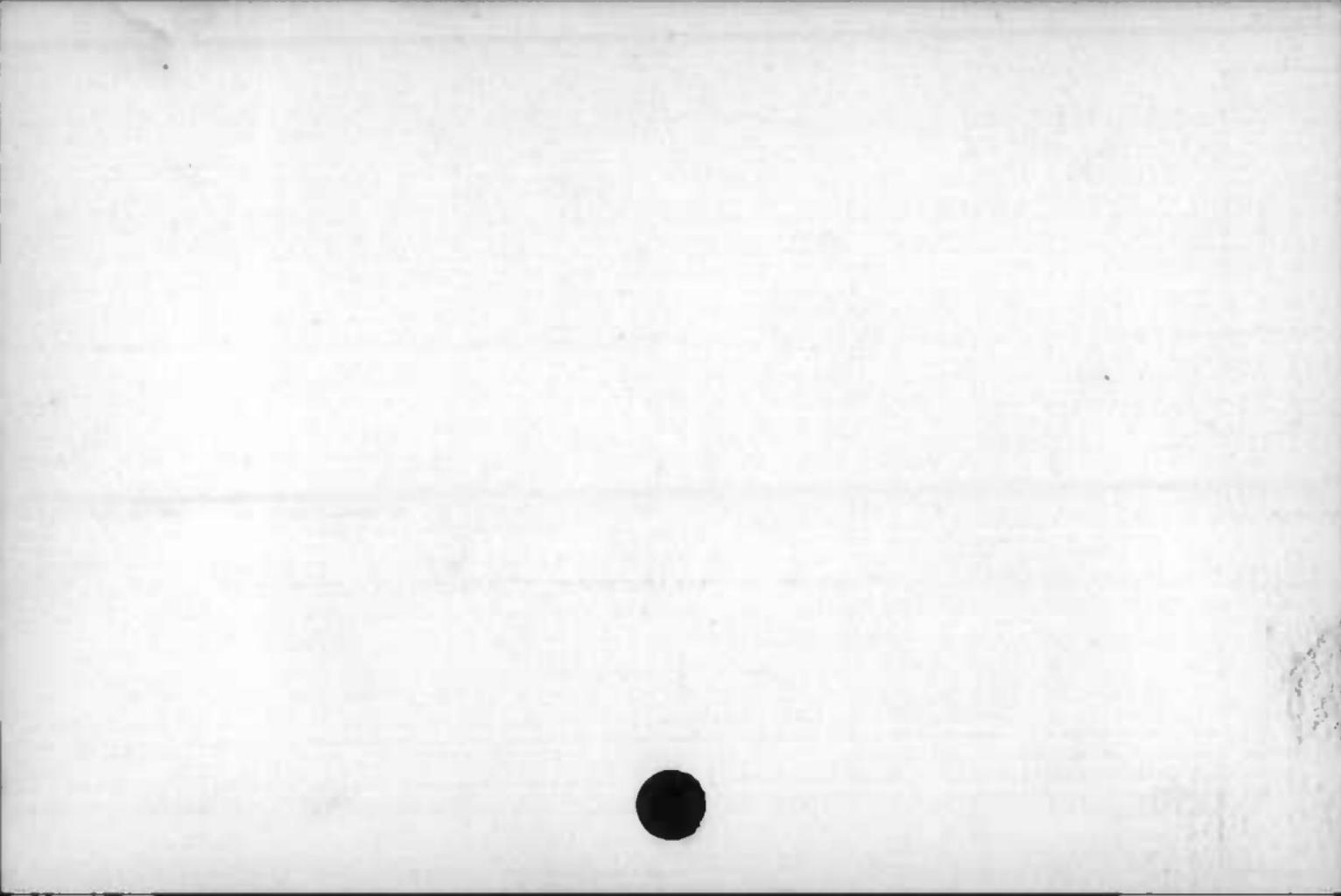
Signature of Physician

Address

Dr. S. Norton MD
S. Batty, MD

✓

Accident or suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Frances Hall Moxham

Town County

Died at

Annapolis a.d.

CERTIFICATE OF DEATH

MARYLAND

Date
of death

1909

Month

dec

Day

20

Years

-

Months

-

Days

11

Sex
Female

Color or
Race
white

Birth-
place
Annapolis

Occupation

Where Residing If not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

F. B. Moxham

Father's
Birthplace
Omaha Neb.

Mother's
Maiden Name

Besse E. Stall

Mother's
Birthplace
Bay City Mich.

Name of person giving
Information

F. B. Moxham

How related
deceased

Father.

Primary

CAUSES OF DEATH

151

How long

Immediate

How long 10 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

H. Everett Claude M.D.
9 St. John St.
Annapolis, Md.

Accident or Suicide



10
11

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs. Cornelius Norris

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1909	Month Dec	Day 26	Years 74	Months	Days	
Sex	female	Color or Race	white	Birth-place	Maryland		
Occupation	Housewife	Where Residing if not at place of death					
Married, Single or Widowed	Widow	Name of Husband	Alex. J. Norris	Father's Name	William Hyde.		
Mother's Maiden Name	Sacutia	Tilly	Mother's Birthplace	Md			
Name of person giving information	W. J. Norris	How related to deceased	son				

CAUSES OF DEATH

114

Primary	Diseptive Jaundice	How long	4 months
Immediate	Exhaustion	How long	4 days.

Are the name, age, sex, color, date and place correctly given above?

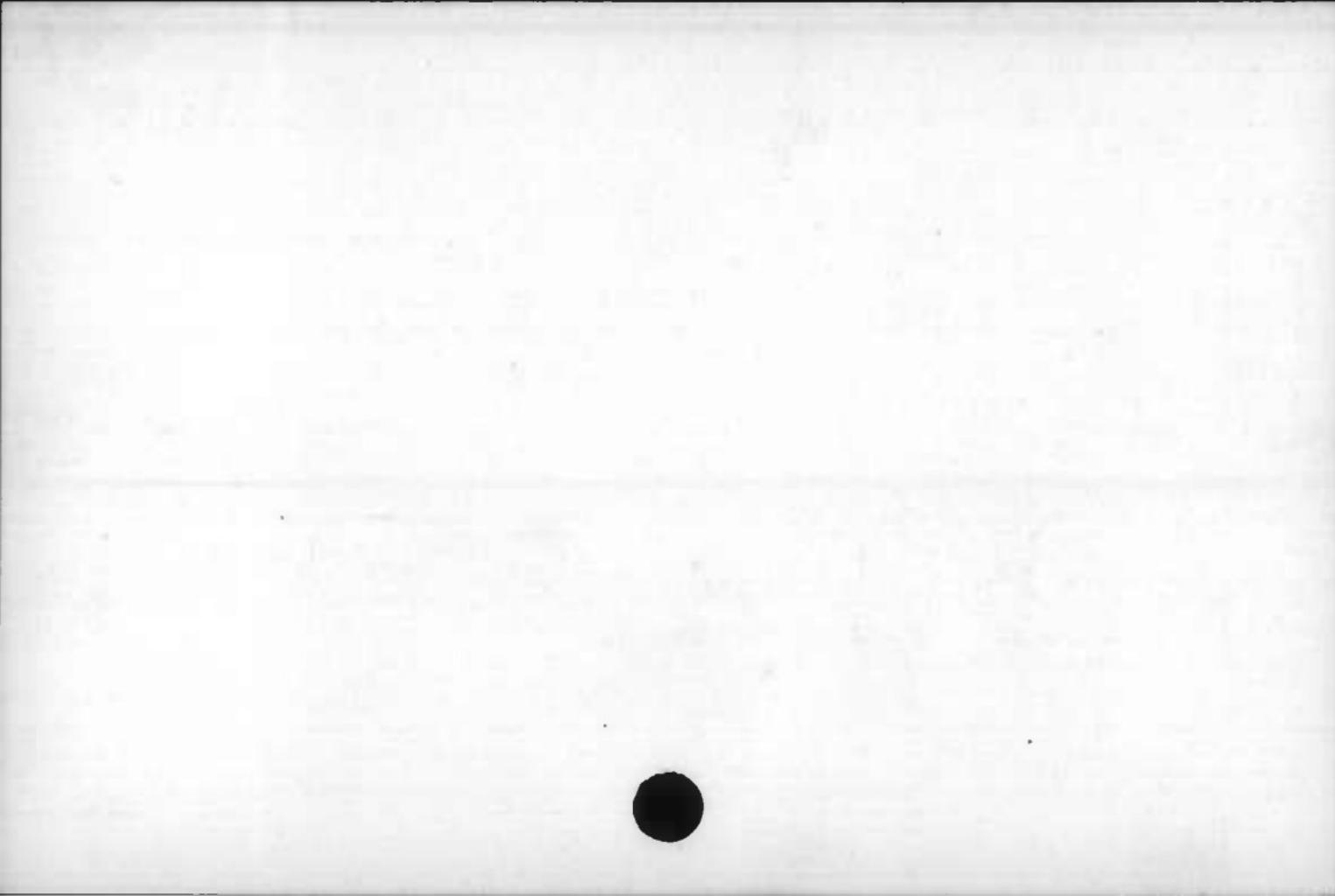
Yes

Signature of Physician

Address

Rev. S. Dent.

Accident or Suicide?



Name
in
Full

Sarah M. Potee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Anne Arundel		County		MARYLAND
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place	Baltimore	
Occupation	House-wife		Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	George H. Potee	Father's Name	Baltimore	
Mother's Maiden Name	Caroline Demont			Mother's Name	Germany	
Name of person giving Information	John Potee			How related to deceased	Son	

CAUSES OF DEATH

10

How long

27 days

How long

4 hr

Primary

Lung

Immediate

Stomach

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

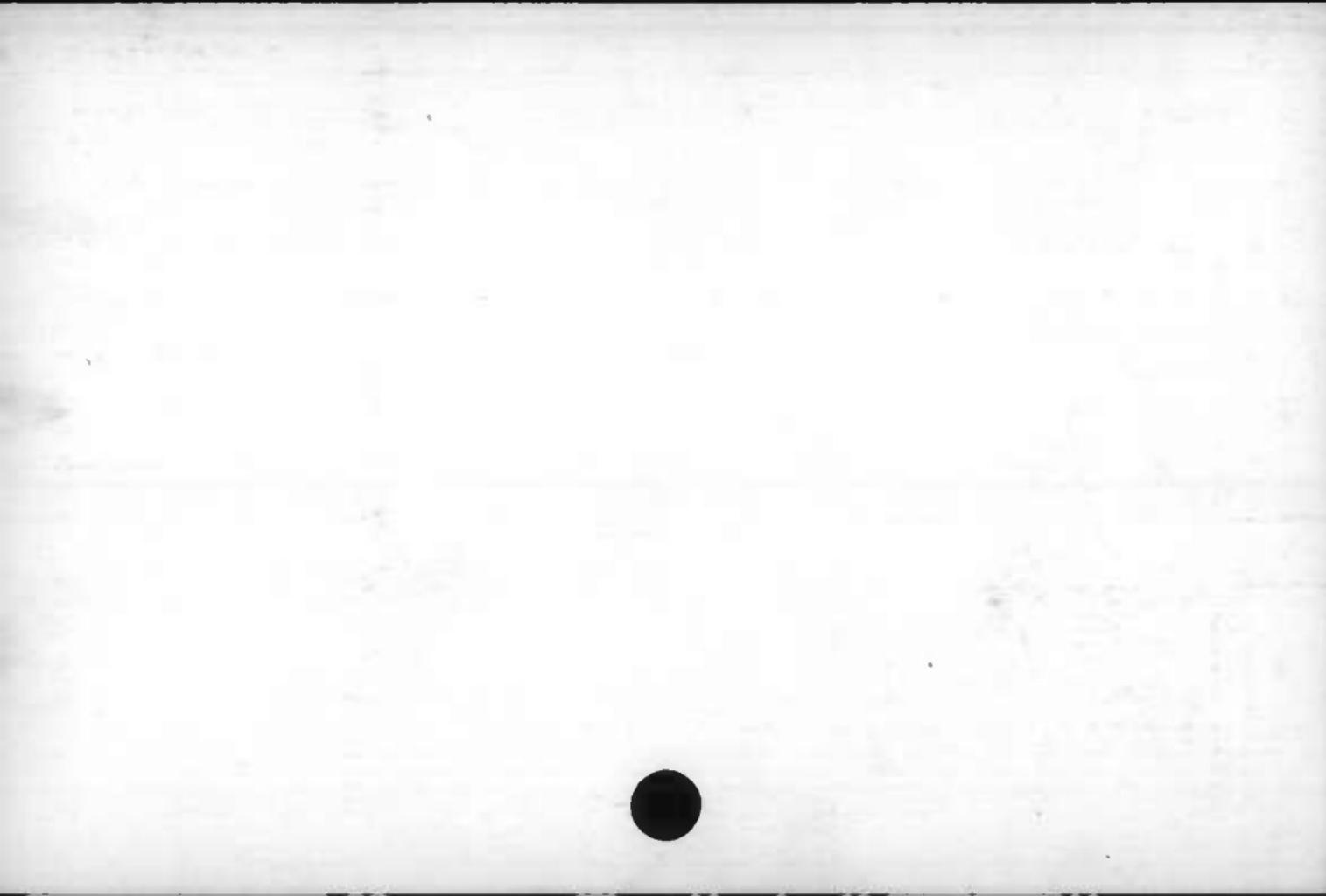
Address

H. Ferguson MD,
1228 Charles St
Baltimore Md.

PHYSICIAN
OR CORONER

6

Accident or Suicide



Name
in
Full

Office Victoria Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Harrowd

County

Anne Arundell

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1909

Dec 16

Age 6

1

12

Sex

Female

Color or
Race

Colored

Birth-
place

Anne Arundell

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Wesley Powell

Father's
Birthplace

Anne Arundell

Mother's
Maiden Name

Lora Larkins

Mother's
Birthplace

Anne Arundell

Name of person giving
Information

Wesley Powell

How related
to deceased

Father

CAUSES OF DEATH

Primary

Not known

179

How long

Immediata

Not known

How long

Are the name, age, sex, color, date
and place correctly given above?

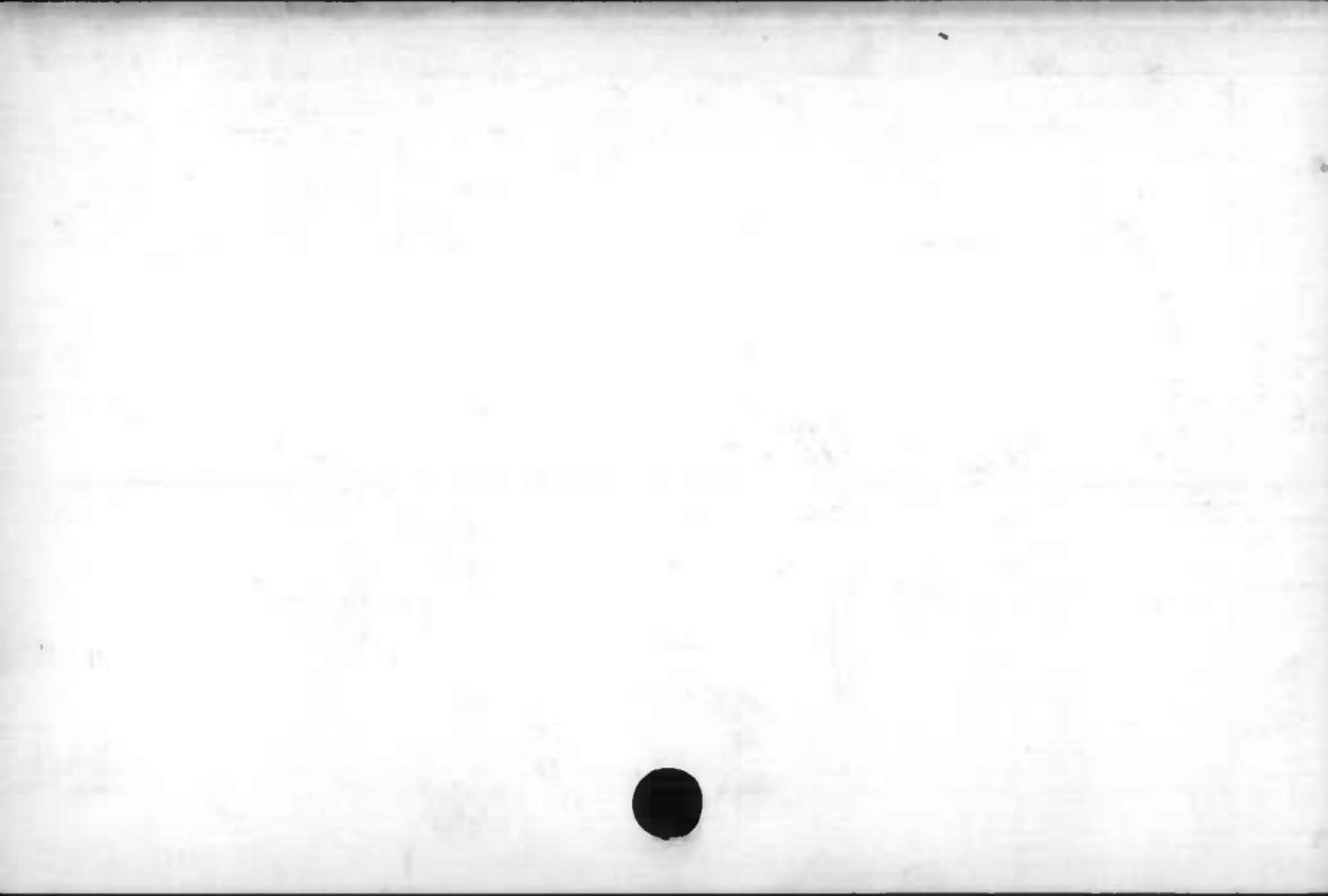
Signature of
Physician

Address

MacLean Cawood MD
West River
md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Jake Pully

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town County
Arnolds A.A. Co.

MARYLAND

Date Month Day Years Months Days
of death 1909 Dec. 3 19. Age 5-3 — —

Sex male

Color or
Race

Stained

Birth-
place

Maryland,

Occupation

Taborer

Where Residing if not
at place of death

Married, Single
or Widowed

married

Name of Wife or
Husband

Amy Pully

Father's
Name

Isaac Pully

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Elizabeth Pully

Mother's
Birthplace

Baltimore

Name of person giving
Information

Charlie Brown

How related
to deceased

cousin

CAUSES OF DEATH

Primary

Briggs disease

120

How long

3 mo.

Immediate

Sulfuric coma

How long

3 da.

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

Jos. C. Joyce
Arnold
Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Ellen Riggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Dowry Town Anne Arundel County MARYLAND
Date of death 1909 Month Dec. Day 11 Age 42 Years — Months — Deyas
Sex Female Color or Race Black Birthplace Md.
Occupation Housewife Where Residing if not at place of death Wesley Riggs
Married, Single or Widowed Married Name of Wife or Husband Wm. Owns Father's Birthplace Md
Father's Name Wm. Owns Mother's Birthplace Md
Mother's Maiden Name Polly Young How related to deceased Son
Name of person giving Information Columbus Riggs

CAUSES OF DEATH

Primary

Nephritis

120

How long

1 year

Immediata

Are the name, age, sex, color, date and place correctly given above?

Yes

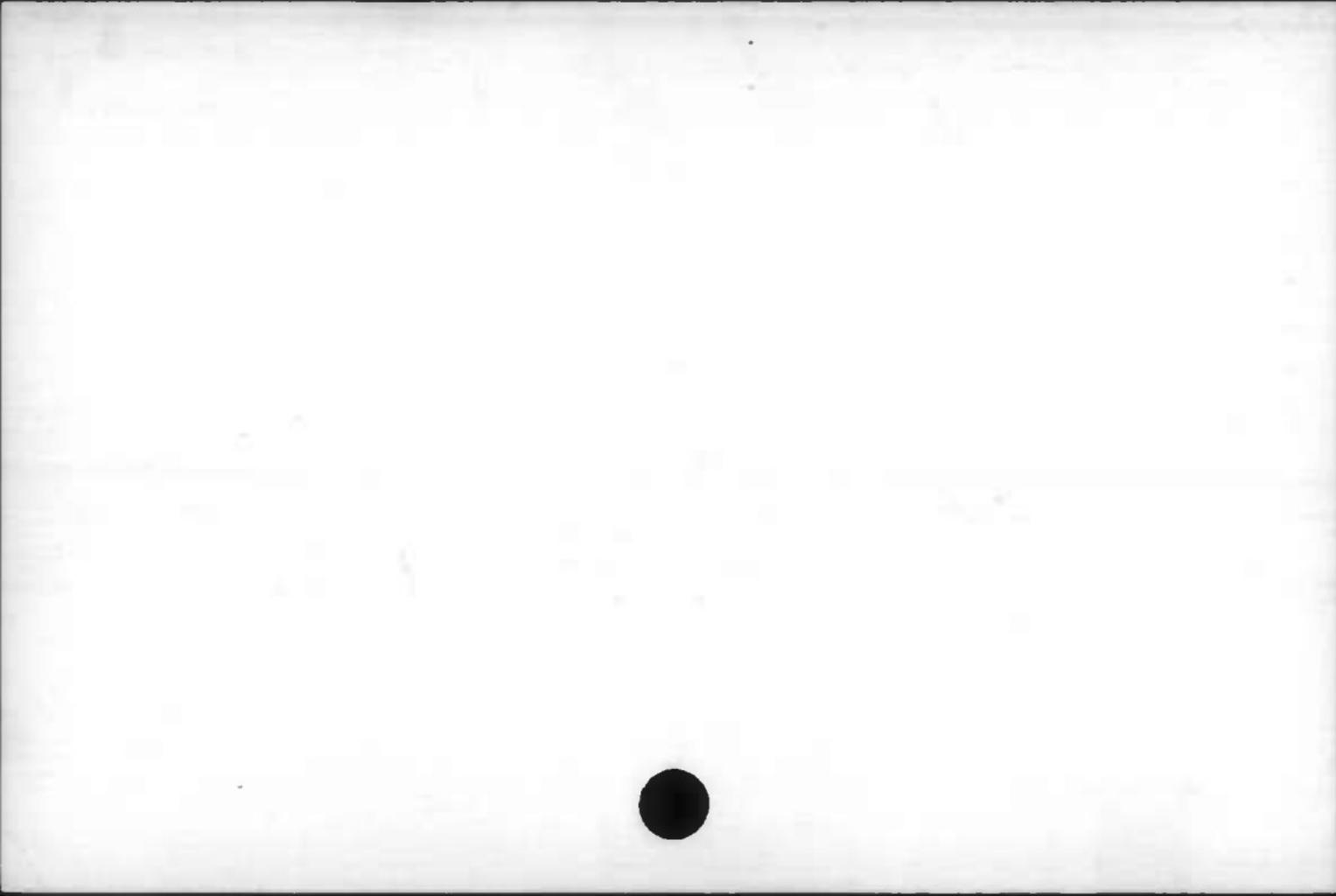
Signature of Physician

Address

A.H. Perrie,
McKendree, Md

6

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James E Rogers

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

East Port

St. Ct.

Date

Month

Day

Years

Month

Days

of death 1909

Dec

9

Age 70

-

-

Sex

Male

Color or
Race

White

Birth-
place

A. Ct. 60 Md

Occupation

Oysterman

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary E Rogers

Mary E Rogers

Father's
Name

Thomas Rogers

Father's
Birthplace

Calvert 60 Md

Mother's
Maiden Name

Genearada Glasso

Mother's
Birthplace

Eastern Shore Md

Name of person giving
Information

Ella Rogers

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Aphoplexy

64

How long

Several days

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

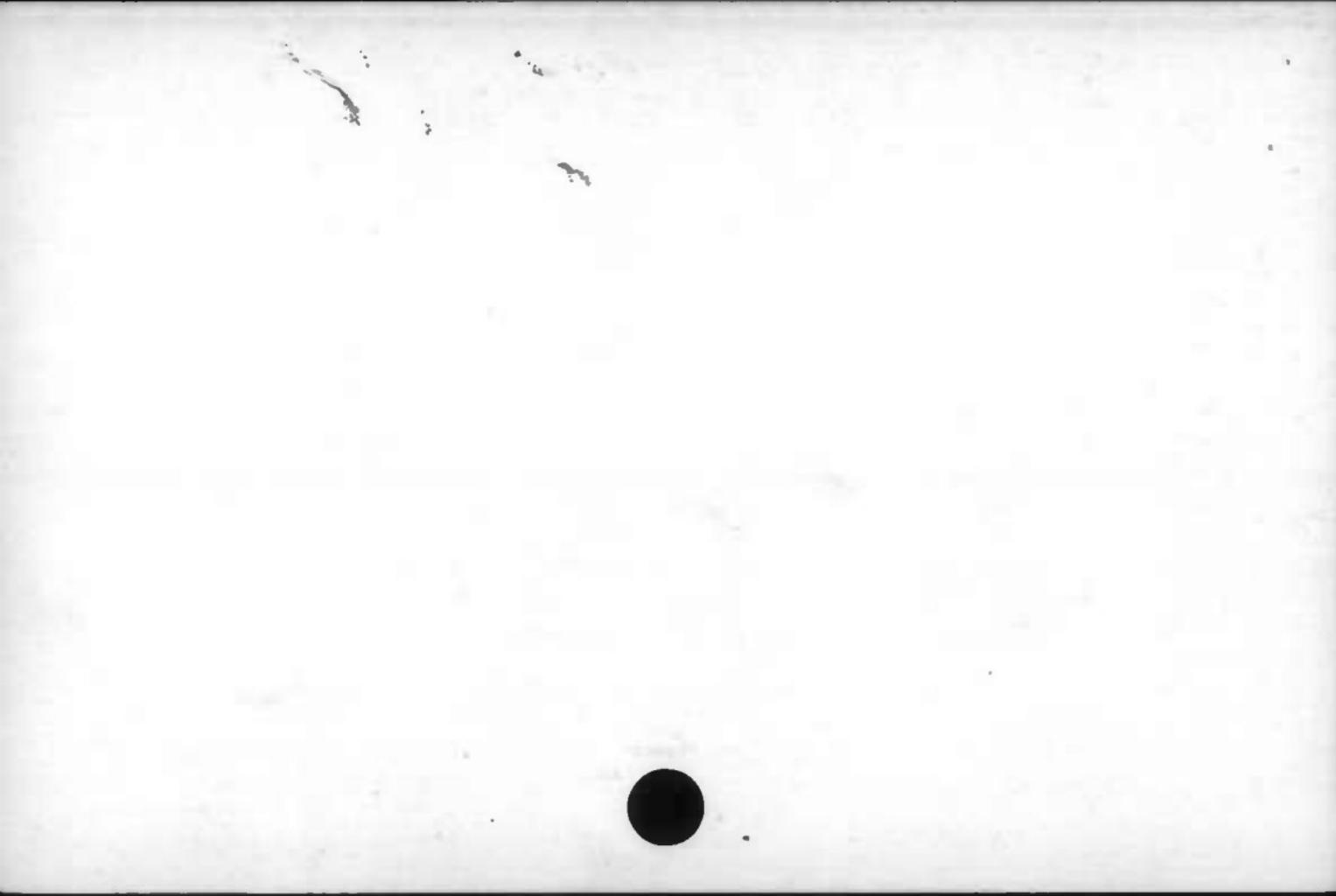
Yes

Signature of
Physician

Address

John Ridout, M.D.
Baltimore
Md.

Accident or Suicide



Name
In
Full

William Henry Ruffin
Town Germantown County A-a-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Colord	Birth-place	Germantown
Occupation	unknown	Where Residing if not at place of death	Germantown		
Married, Single or Widowed	Single	Name of Wife or Husband	unknown	Father's Birthplace	Annapolis
Father's Name	William Henry Ruffin	Mother's Maiden Name	Sarah Chambers	Mother's Birthplace	Annapolis
Name of person giving Information	Lousia Chambers	How related to deceased	Grandmother		

John Wesley Church Cemetery
Annapolis Neck.

CAUSES OF DEATH

Primary

Broncho-Pneumonia

Immediate

Convulsions

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of Physician

Address

92

How long

2 weeks

How long

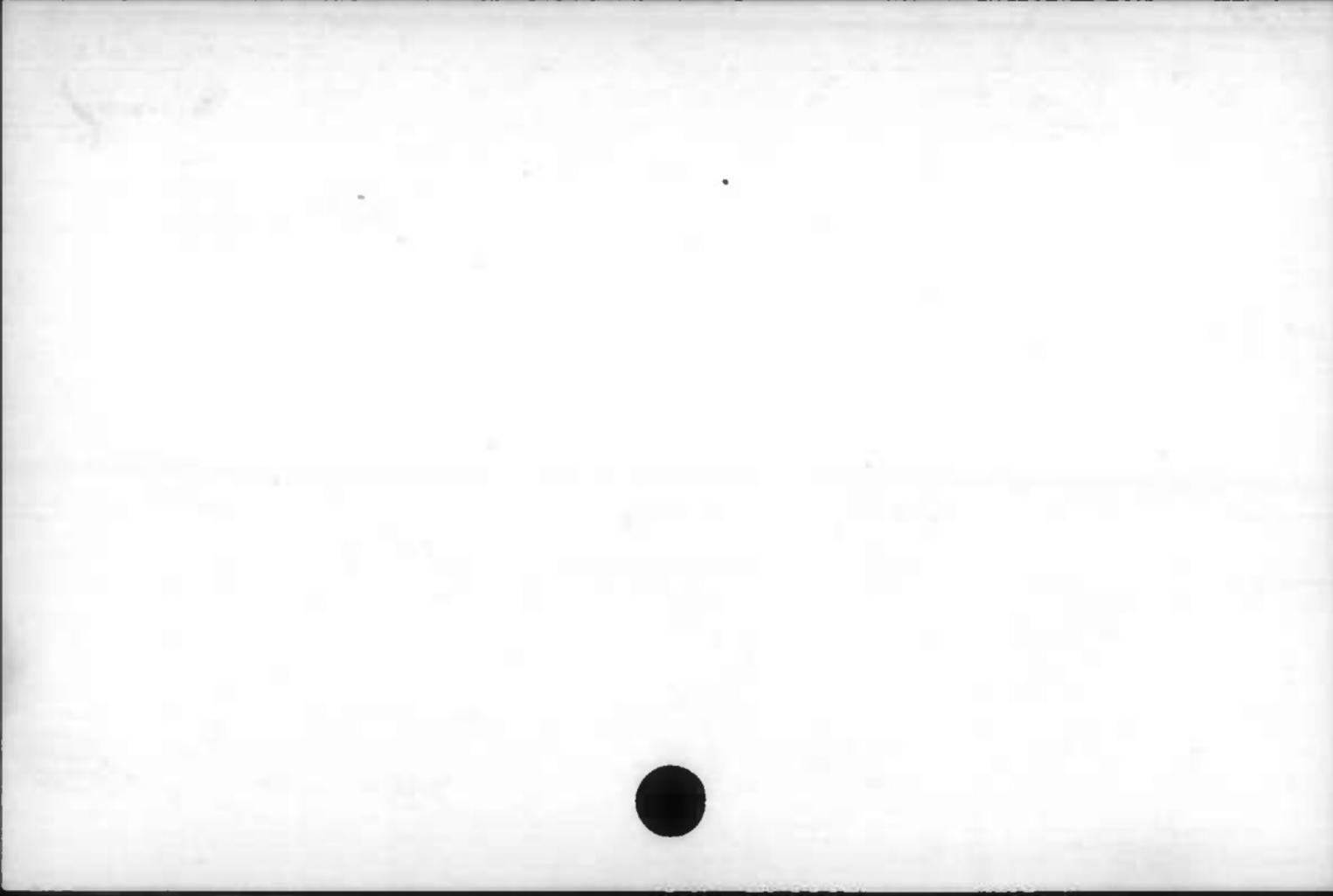
3 hours

P. P. Dickey
W. C. the 1st St
Annapolis Md

PHYSICIAN
OR CORONER

I

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J

CERTIFICATE OF DEATH

MARYLAND

Joseph William Ryan
D. C.

Died at East Port

Town

County

Date of death 1909 Month Day

Years

Months

Days

Dec

13

Age

3

2

Sex Male Color or Race White

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's Name

William F. Ryan

Father's Birthplace

Hartford Conn

Mother's Maiden Name

Margret T. Silver

Mother's Birthplace

Brooklyn N. Y.

Name of person giving
Information

William F. Ryan

How related
to deceased

Father

CAUSES OF DEATH

Primary

Capillary Bronchitis

92

How long

2 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

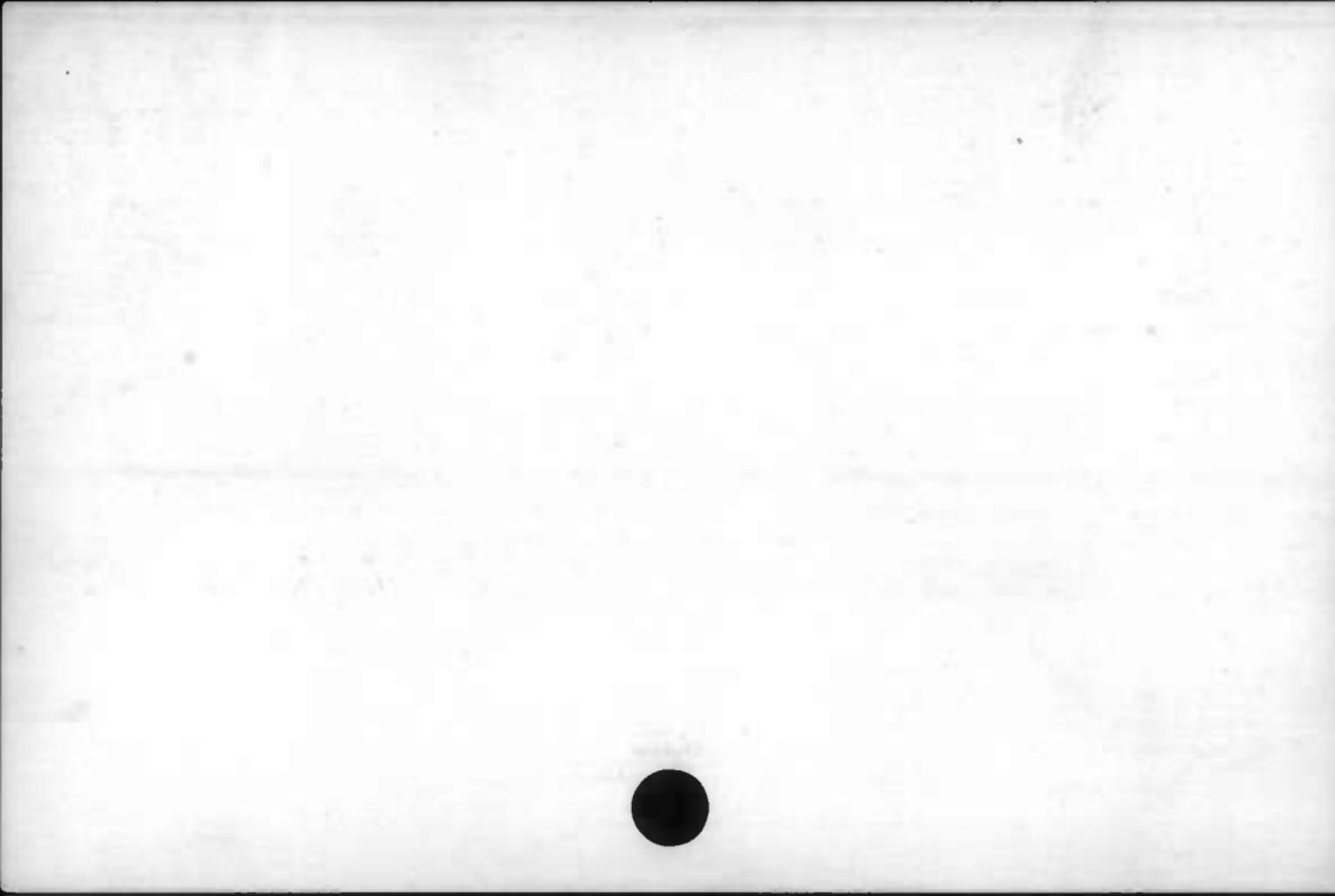
Yes

Signature of
Physician

Address

Dr. S. Welch
Annapolis

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Jas. A Scott

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	
Died at	Shady Side	A.A.	
Date of death	Month	Day	Years
1909	Dec	26	1
Age	Months	Days	
	5	-	
Sex	Male	Color or Race	Colored
Occupation	None	Where Residing if not at place of death	-
Married, Single or Widowed	Single	Name of Wife or Husband	-
Father's Name	Selman Scott	Father's Birthplace	Md
Mother's Maiden Name	Gussie Carter	Mother's Birthplace	Md
Name of person giving Information	Selman Scott	How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Whooping cough

(8) ✓

How long

2 weeks

Immediate

Convulsions

How long

10 hours

Are the name, age, sex, color, date
and place correctly given above?

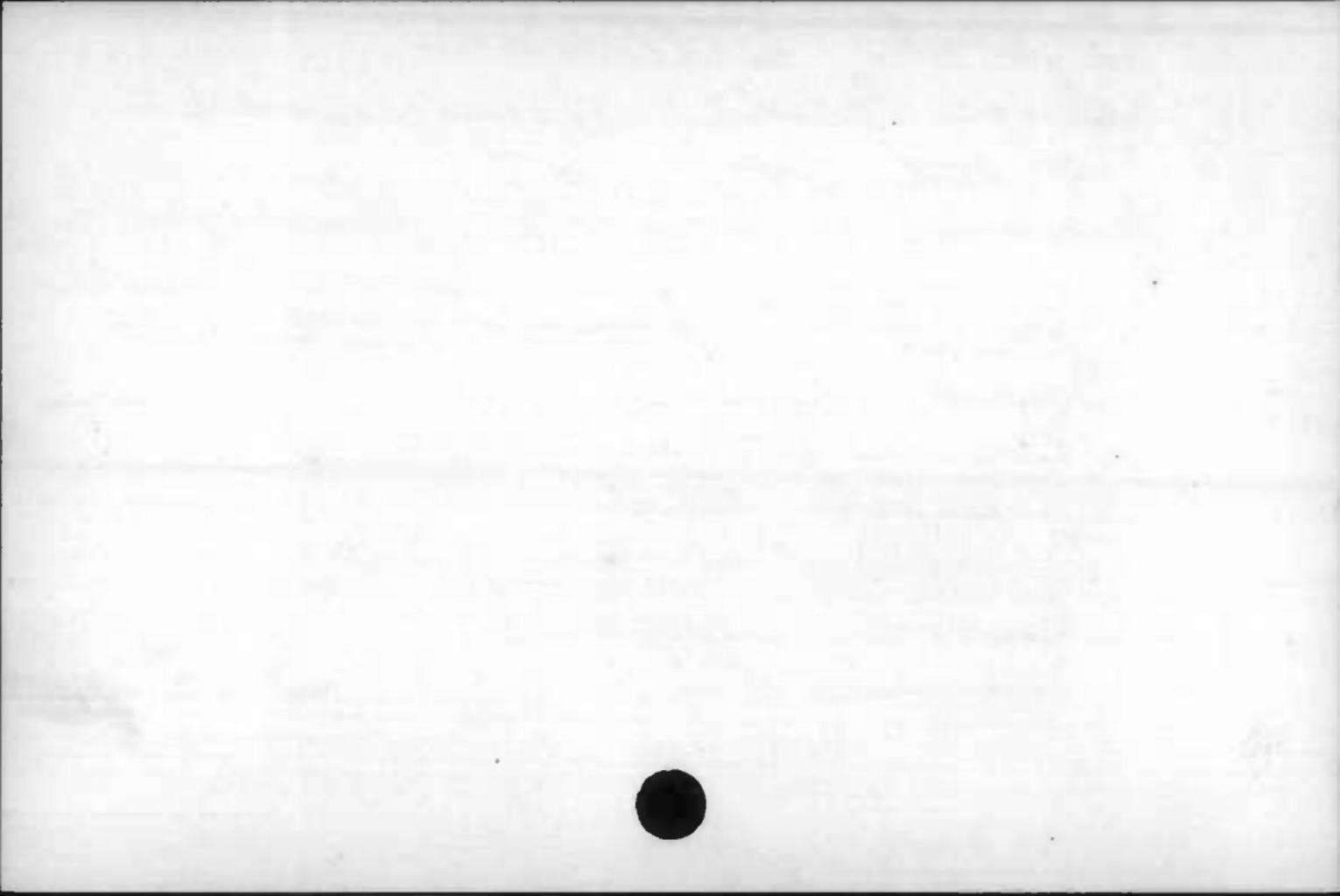
Yes

Signature of
Physician

Address

Geo T. Dent Lubber
Churchton

Accident or Suicide?



Name
in
Full

Elizabeth Sellman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town County
Died at Calvert Anne Arundel MARYLAND
Month Day Years Months Days
Date of death 1909 Dec 14 Age 67
Sex Female Color or Race Colored
Occupation Domestic Where Residing if not
at place of death Huntington Co.
Camp Parrotts
Married, Single Name of Wife or Husband Moses Sellman
or Widowed Married
Father's Name Doubt Record Father's Birthplace Penn.
Mother's Maiden Name Agnes Johnson
Name of person giving Information John Sellman
Mother's Birthplace " Son
How related to deceased

Primary

CAUSES OF DEATH

Cerebral Apoplexy
Chancery

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

64

How long

One week

3 days

P. D. Rosen
680 Cathedral
Annapolis

PHYSICIAN
OR CORONER

Accident or Suicide

no

Name
in
Full

Mary Sheppfield

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Age	Time	Months	Days
1909	December	25	4 hours			
Sex	Female		Color or Race	White	Birth-place	4 Marion St.
Occupation			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband			
Father's Name	Eletthus Damar Sheppfield			Father's Birthplace	Cedar Springs Ga.	
Mother's Maiden Name	Edidge Harris			Mother's Birthplace	Macon - Ga -	
Name of person giving information	Walker F. L. Sheppfield			How related to deceased	Father	
CAUSES OF DEATH						
Primary	Asphyxia (Premature Child)			How long	Several hours	
Immediate	Heart failure			How long	Few hours	
Are the name, age, sex, color, date and place correctly given above?			Yea	Signature of Physician	DeLaplander	
				Address	US Naval Academy	
Accident or Suicide?						

152

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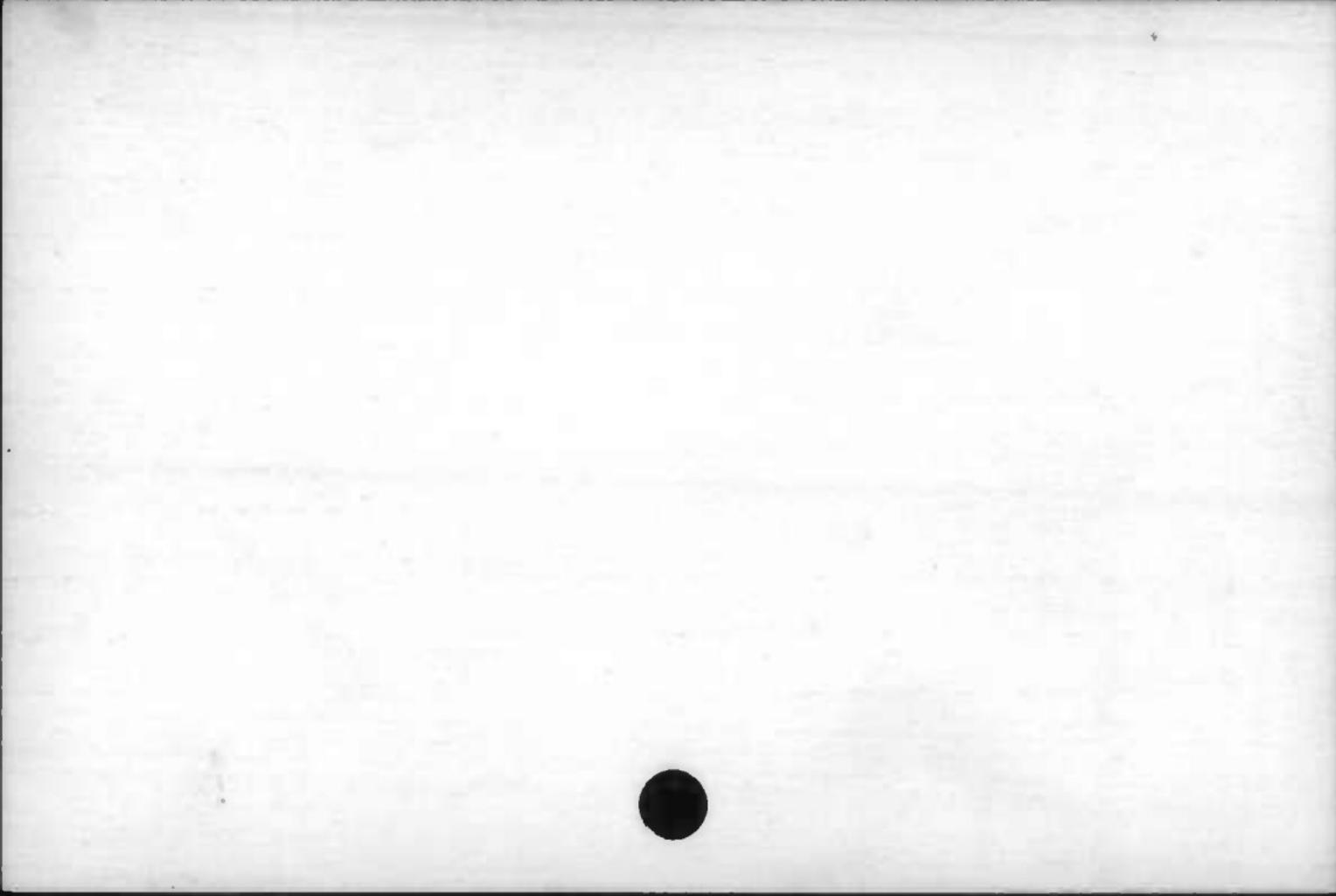
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Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>near Hanover</u>		Town	County <u>Anne Arundel</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Dec</u>	Day <u>27</u>	Years <u>—</u>	Age <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		Father's Birthplace <u>AT Col Ed</u>			
Father's Name <u>Adam & Shipley</u>	Mother's Maiden Name <u>Cora Chaney</u>		Mother's Birthplace <u>AT Col Ed</u>			
Name of person giving information <u>Adam & Shipley</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

176

Primary Instrumental Labor How long 12 hours

Immediate Same How long Same

Are the name, age, sex, color, date and place correctly given above?

yes

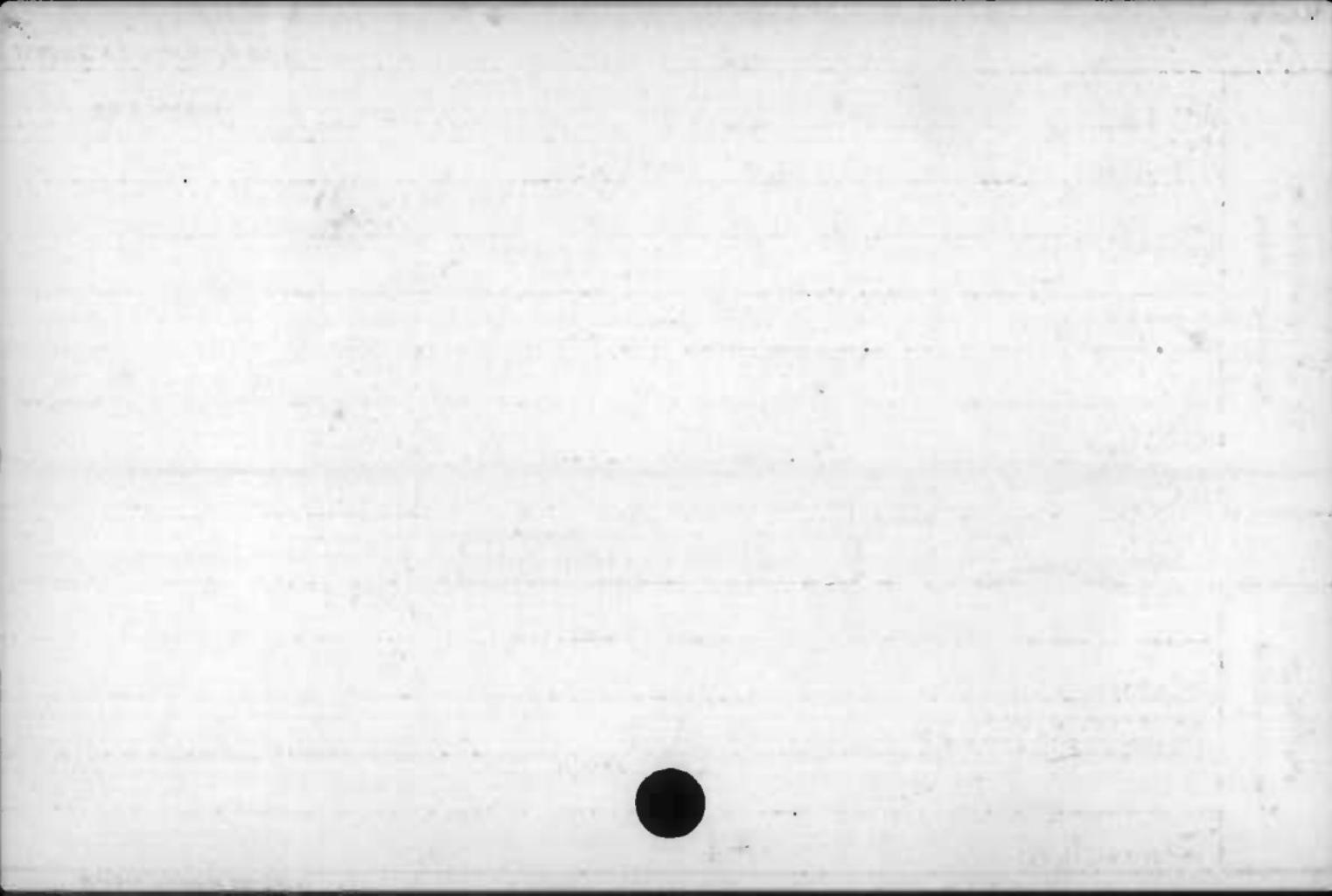
Signature of Physician

Dr. Wm. L. Morrison M.D.

Address

Hanover
Md

Accident or Suicide?



Name
in
Full

Annie Simpson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis Town A - A - MARYLAND
Date of death 1909. Month Dec. Day 26. Age 66. Months 7. Days 21.
Sex Female Color or Race Colored Birth-place Hagerstown Md.
Occupation Domestic Where Residing if not at place of death 30. Washington St.
Married, Single or Widowed Widow Name of Wife or Husband George Simpson
Father's Name Frank Coney Father's Birthplace Hagerstown
Mother's Maiden Name Annie Coney Mother's Birthplace " —
Name of person giving Information Frank Simpson How related to deceased Son
~~Hospital~~ CAUSES OF DEATH
Primary Apoplexy 64 How long 2 days.
Immediate Yes How long

PHYSICIAN
OR CORONER

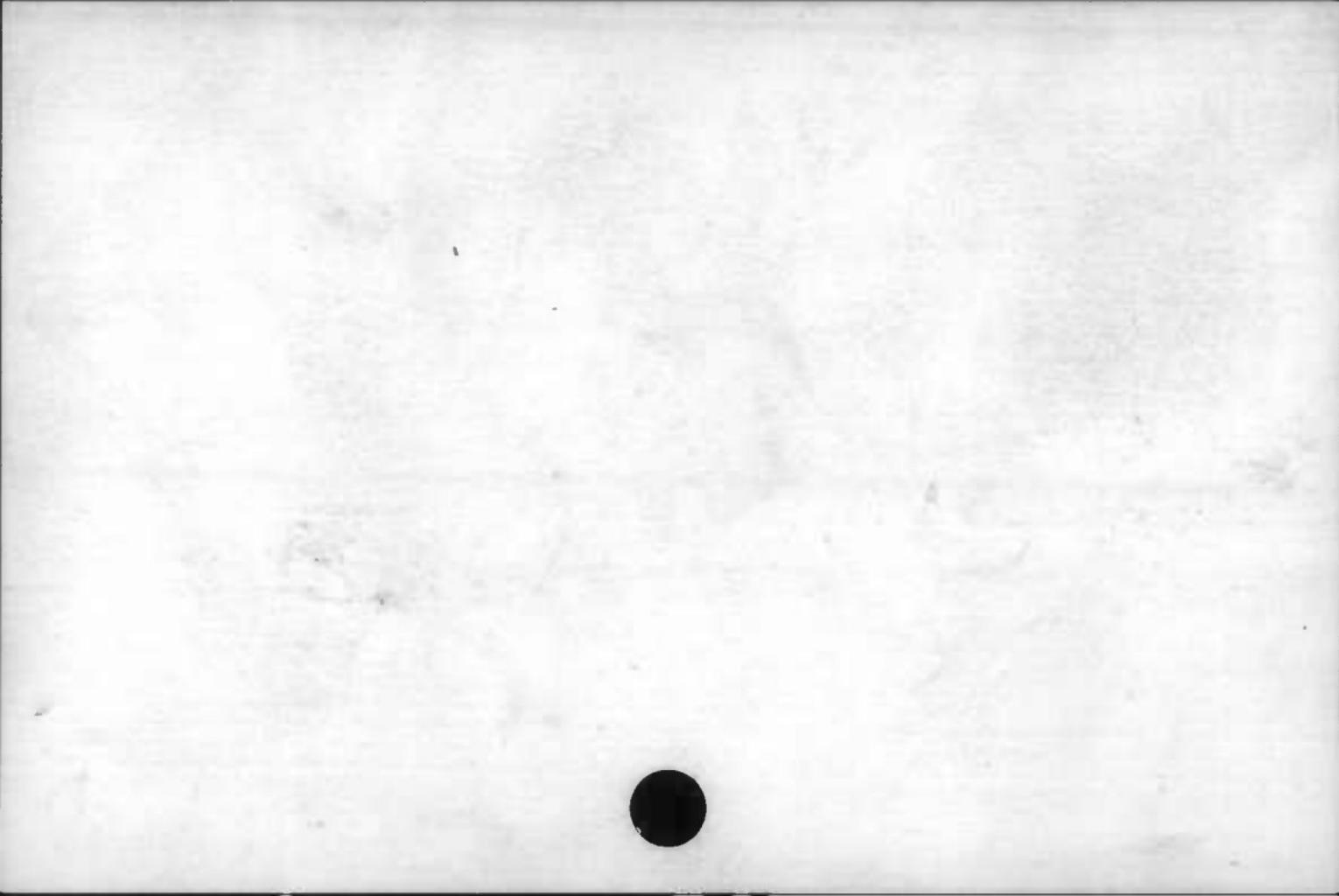
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

F. H. Thompson
Annapolis, Md.

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

6

John Sloan

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Quarantine Station Anne Arundel

Month

Day

Years

Months

Days

Date
of death 1909 Dec.

Age about 90

Sex Male

Color or
Race

White

Birth-
place

Ireland

Married, Single
or Widowed

Single

Occupation

none

Name of Wife or
Husband

Father's
Name

not known

Father's
Birthplace

not known

Mother's
Maiden Name

do do

Mother's
Birthplace

do do

Name of person giving
Information

Dr. T. L. Richardson

How related
to deceased

none

CAUSES OF DEATH

154

Primary

Senility

Immediate

Uremia and coma.

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Thos L Richardson

Address

Quarantine Sta.

Accident or Suicide?

Stewart & Mowen Co
Funeral Directors
215 Park

for Interment at
Quarantine Station
December 7th /09.

Name
in
Full

Dorothy E. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND
Died at Annapolis	at. at.	
Date of death 1909 Dec	Month Day	Years Months Days
Sax Female	Color or Race	Age 1
Occupation Housewife	Whare Residing if not at place of death	Annapolis
Married, Single	Name of Wife or Husband	None
Father's Name Dennis Smith	Father's Birthplace Annapolis Md	
Mother's Maiden Name Maude Sivis	Mother's Birthplace Annapolis Md	
Name of person giving information Maude Smith	How related to deceased Mother	

CAUSES OF DEATH

Primary

Marasmus (Supposed)

179

How long

Immediate

Asthenia

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

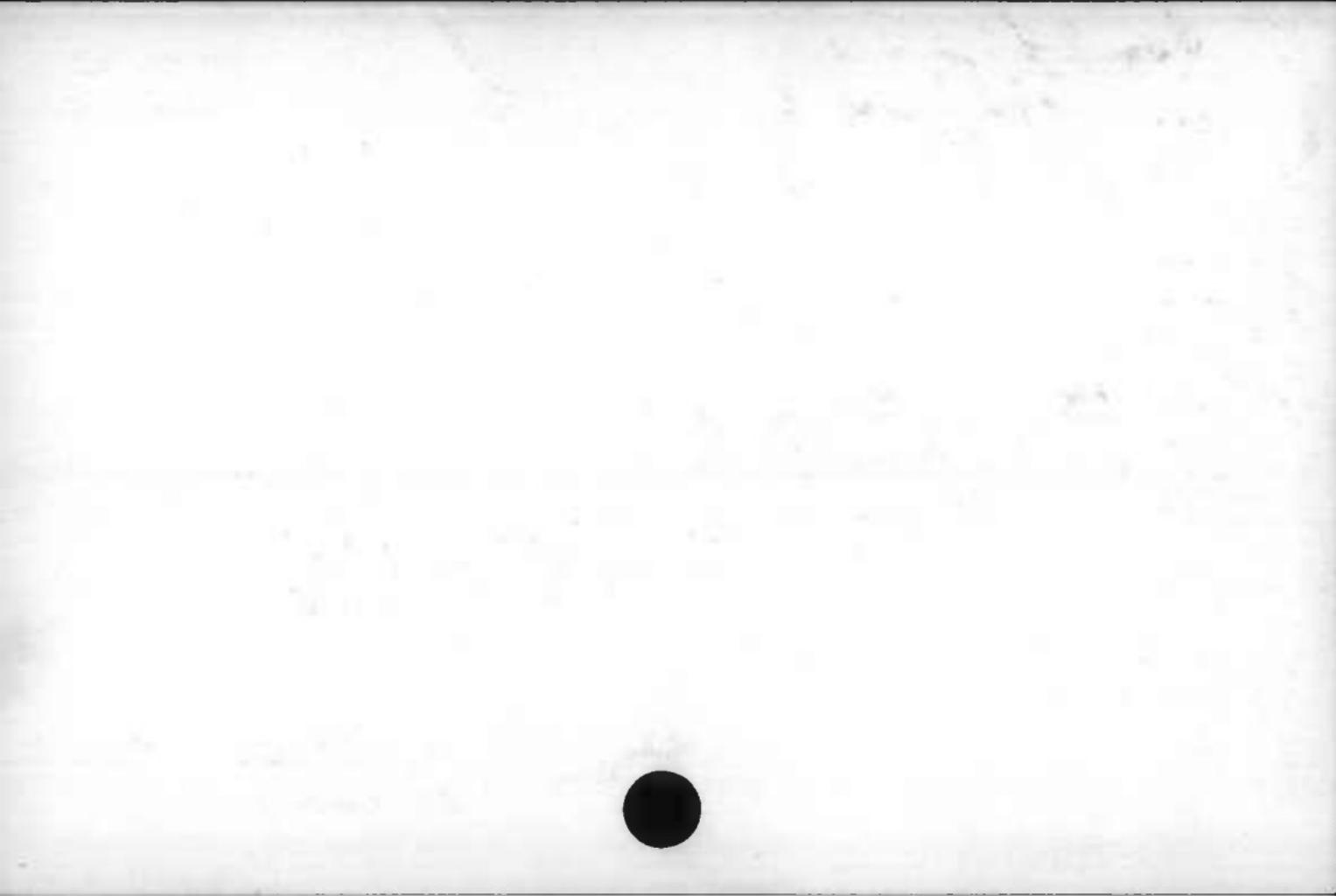
Signature of Physician

Address

Young Welch M.D.
Annapolis

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Susan Sparrow

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Bing Sparrow	Father's Birthplace	Md			
Mother's Maiden Name	Daisy Blackson	Mother's Birthplace	Md			
Name of person giving information.	Bing Sparrow	How related to deceased	Father			

CAUSES OF DEATH

179

How long

1 mo

How long

Primary
Murderer

immediate

Are the name, age, sex, color, date and place correctly given above?

yes

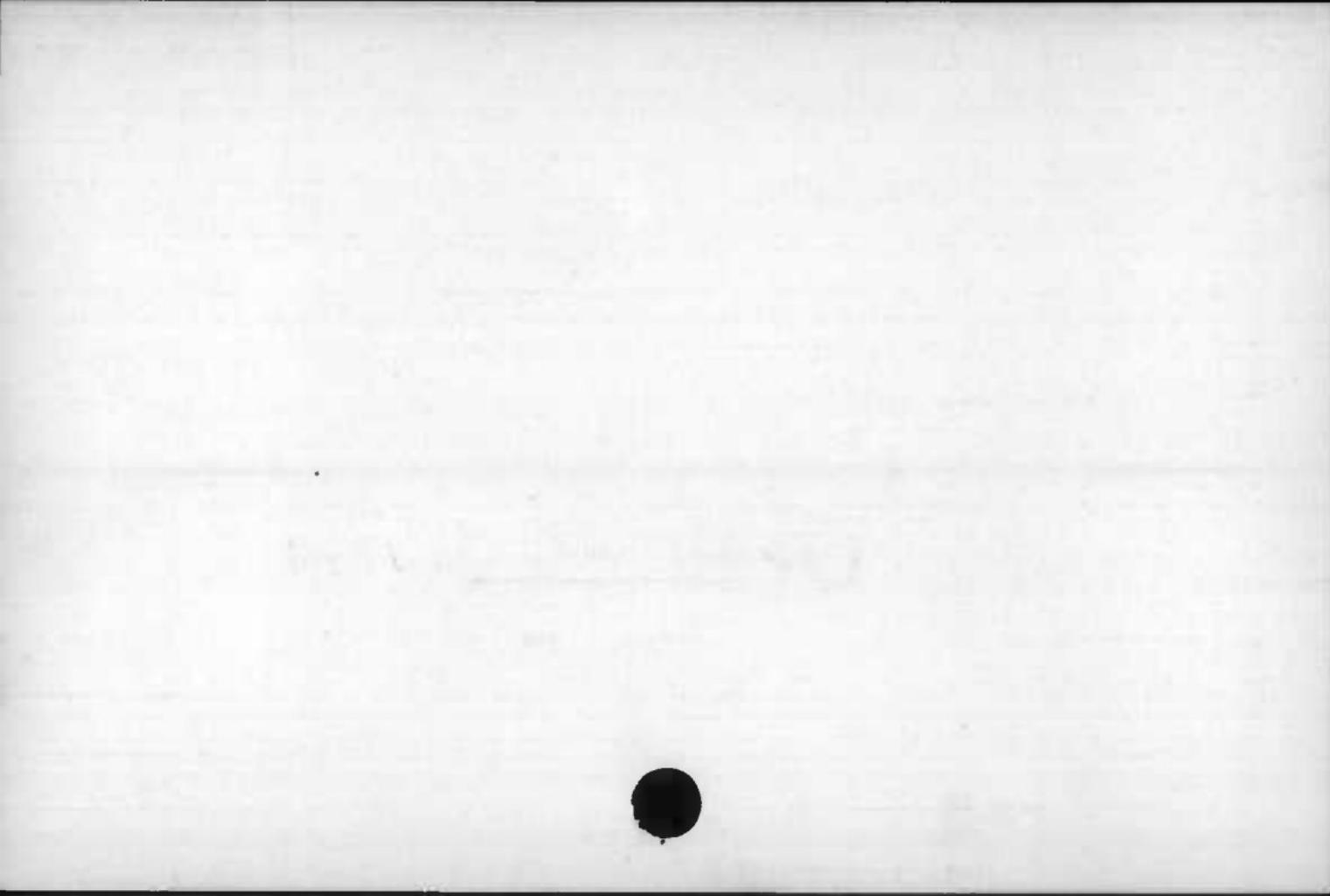
Signature of Physician

Address

Charles A. Brooks

Brooklyn

Accident or Suicide?



Name
in
Full

Richard James Spencer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town County
Died at Annapolis A- A- .
Date Month Day Years Months Days
of death 1909 Dec. 10 16th Age 27 — —
Sex Male Color or Race Colored
Occupation Waiter Where Residing if not
at place of death —
Married, Single Name of Wife or
or Widowed Single Husband —
Father's Name John Spencer Father's Birthplace Baltimore
Mother's Maiden Name Rachel Dunn Mother's Birthplace Waldburg 7th
Name of person giving Information Rachel, Dr. - Price How related to deceased Mother

Asbury Crm-

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis

Immediate Asthenia

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

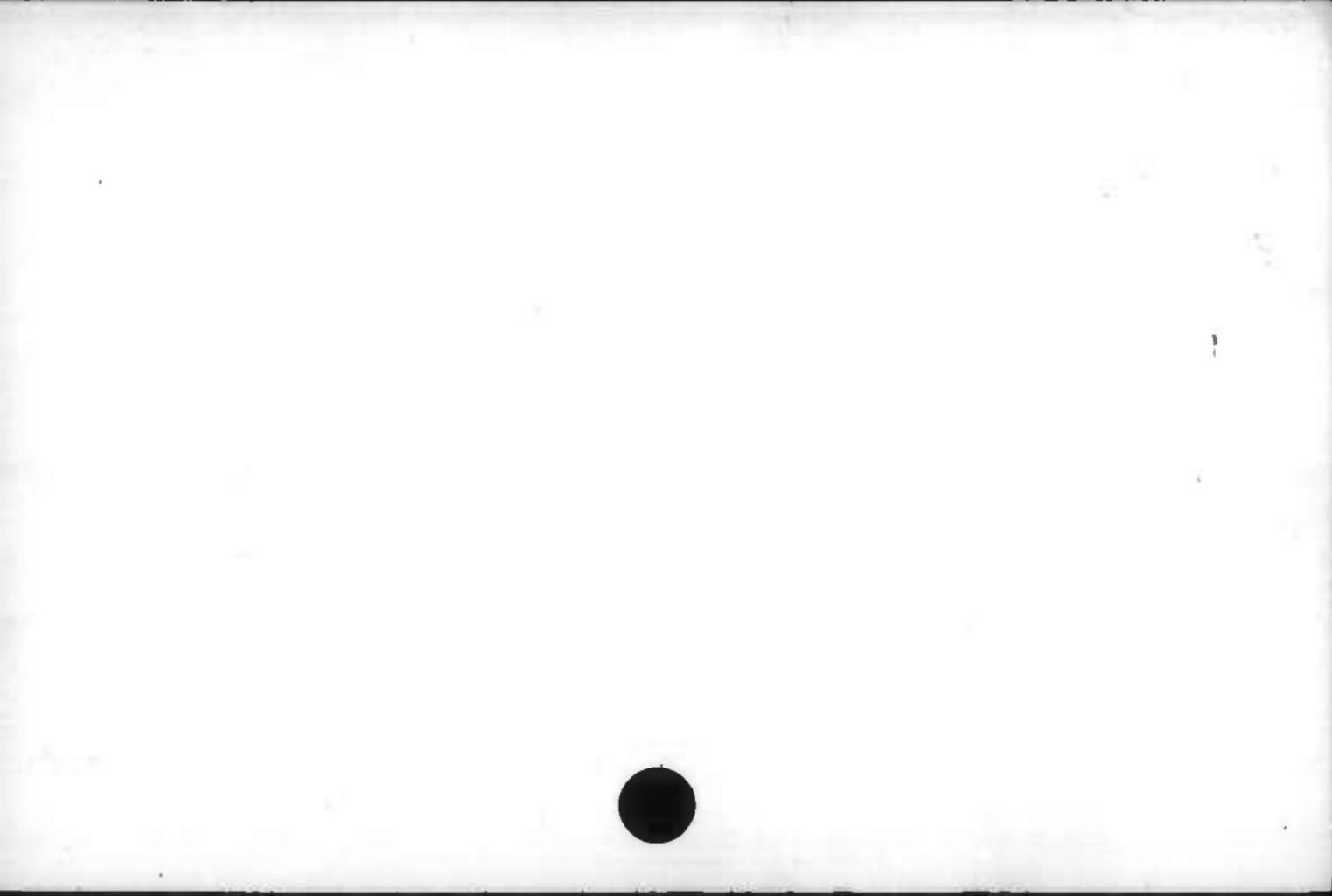
Address

Accident or Suicide



Garcia
How long months
How long Immediate
Ambrose Garcia
34 Second St

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

John Stansbury

Town

County

Died at

Mulberry Hill + Anne Arundel

MARYLAND

Date
of death

1909

Month

Day

Years

Months

Days

12

58

Sex

Male

Color or
Race

Colored

Birth-
place

Kent Island

Occupation

Oysterman

Where Raiding if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Rose Stansbury

Father's
Birthplace

Eastern Shore

Father's
Name

Charles Stansbury

Mother's
Maiden Name

Marguerite

Mother's
Birthplace

Eastern Shore

Name of person giving
Information

William Stansbury

How related
to deceased

Son

CAUSES OF DEATH

120

How long

Primary

Bright's Disease

5 yrs.

Immediate

Terminic coma

12 hours.

Are the name, age, sex, color, date
and place correctly given above?

Yes

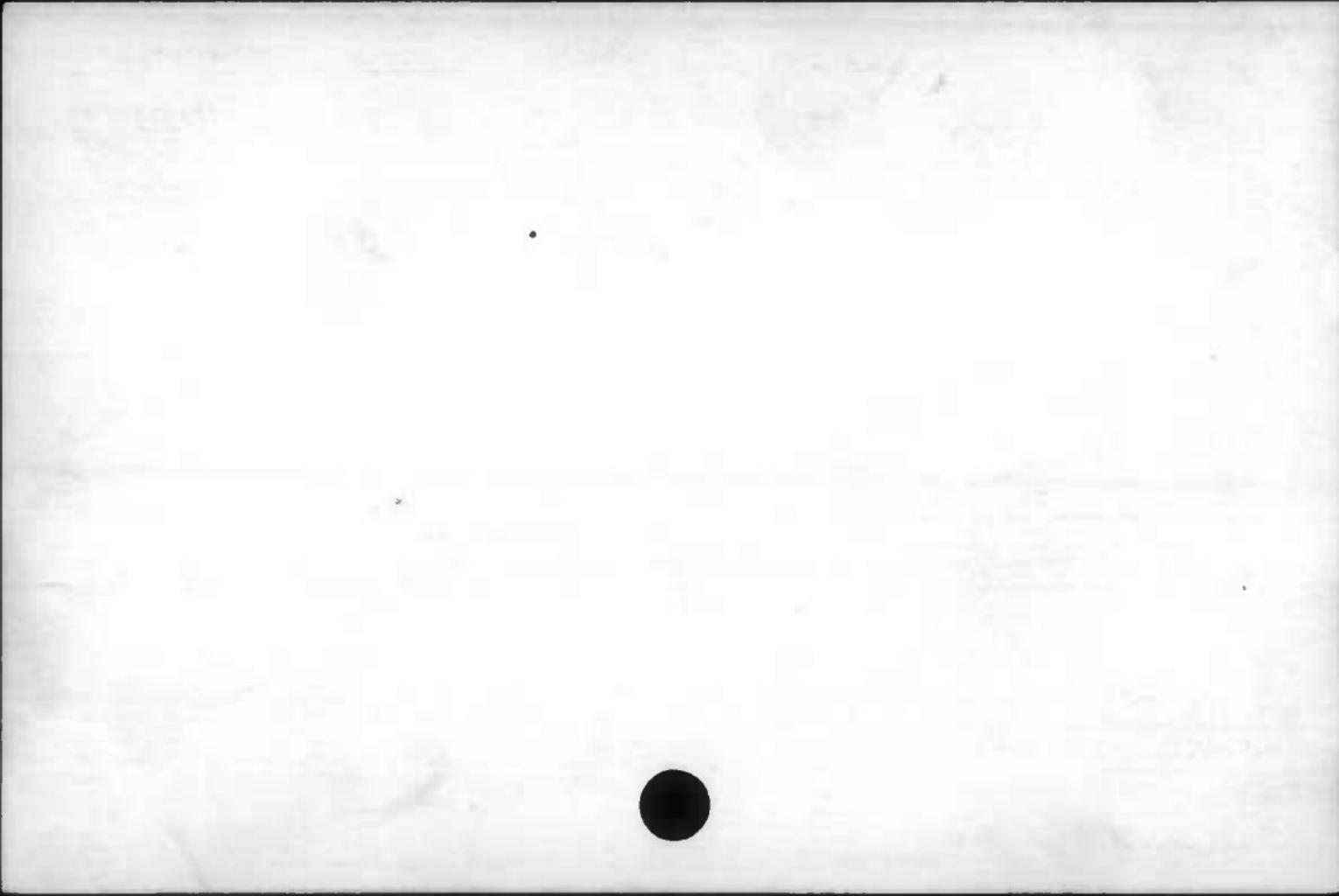
Signature of
Physician

Address

Joseph C. Joyce M.D.
Arundel P.D.
A.A. C. M.D.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Still Born Child of John Thomas
and Anna Crimilda

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Southern Town County
Date of death 1909 Month Dec Day 22 Years Age
Sex Male Color or Race Colored
Occupation _____ Birthplace Ag. Po. Md

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

John Thomas

Father's
Birthplace

Mother's
Maiden Name

Mary Brown

Mother's
Birthplace

Name of person giving
Information

John Thomas

How related
to deceased

Primary

Delivery

CAUSES OF DEATH

(D)

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

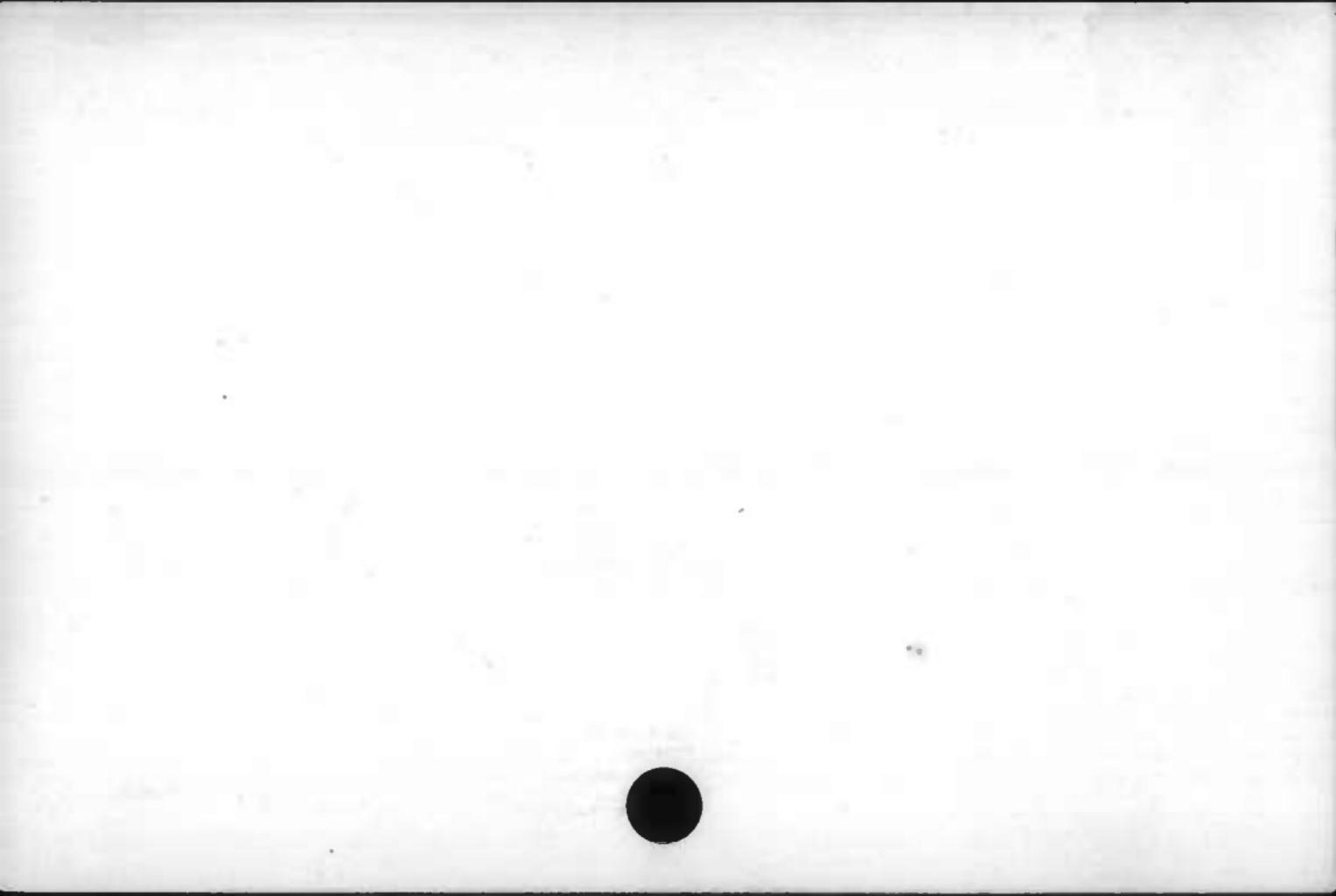
Signature of
Physician

Address

MacLean Cawood MD

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Estelle Thornton

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

Hawkins Point

County

a a

Date
of death

1909

Month

Dec.

Day

10

Years

35

Months

-

Days

-

Sex

Female

Color or
Race

white

Birth-
place

Md.

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Arthur Thornton

Father's
Name

Wm Johnson

Father's
Birthplace

Md.

Mother's
 Maiden Name

Mary E. Solley

Mother's
Birthplace

Md.

Name of person giving
Information

Arthur Thornton

How related
to deceased

Husband.

CAUSES OF DEATH

Primary

Cancer of Uterus

42

How long

9 months

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

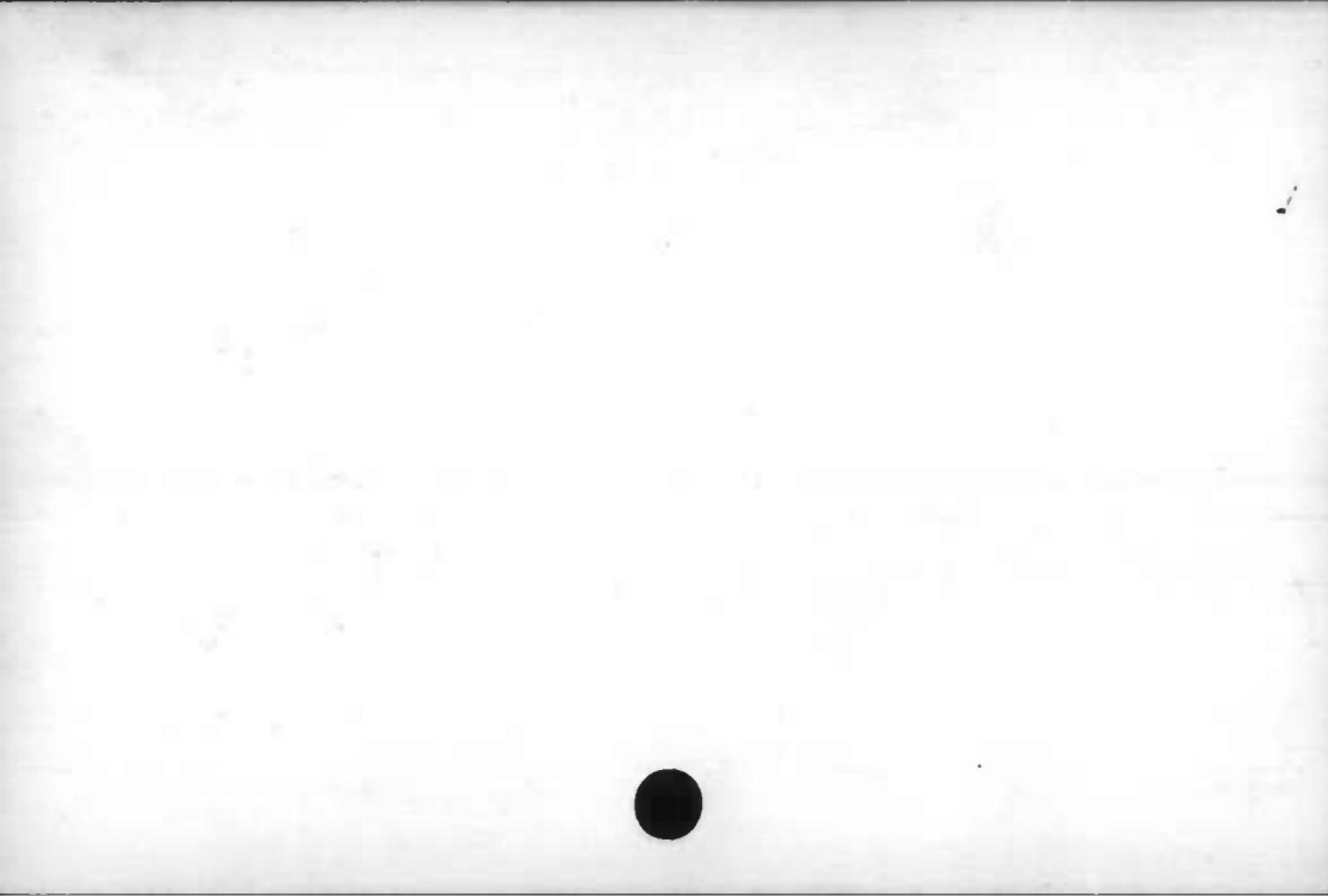
yes

Signature of
Physician

Address

J. B. Thornton M.D.
So. Battle, Md.

Accident _____



Name
in
Full

Robert Lee Hade

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Died at	Passadena		Anne Arundel			
Date of death	1909	Month	Day	Years	Months	Days
	Dec.	11		Age 21		26
Sex	Male	Color or Race	White	Birth-place	Maryland	
Occupation	Motorman		Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Eddy Lee Hade		Father's Birthplace	Maryland		
Mother's Maiden Name	Jennie Duvall		Mother's Birthplace	Maryland		
Name of person giving Information	Dorsey L. Hade		How related	Father		

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis of throat about 18 months

How long

Immediate

Tuberculosis

How long

about 1/2 year

Are the name, age, sex, color, date and place correctly given above?

Yes

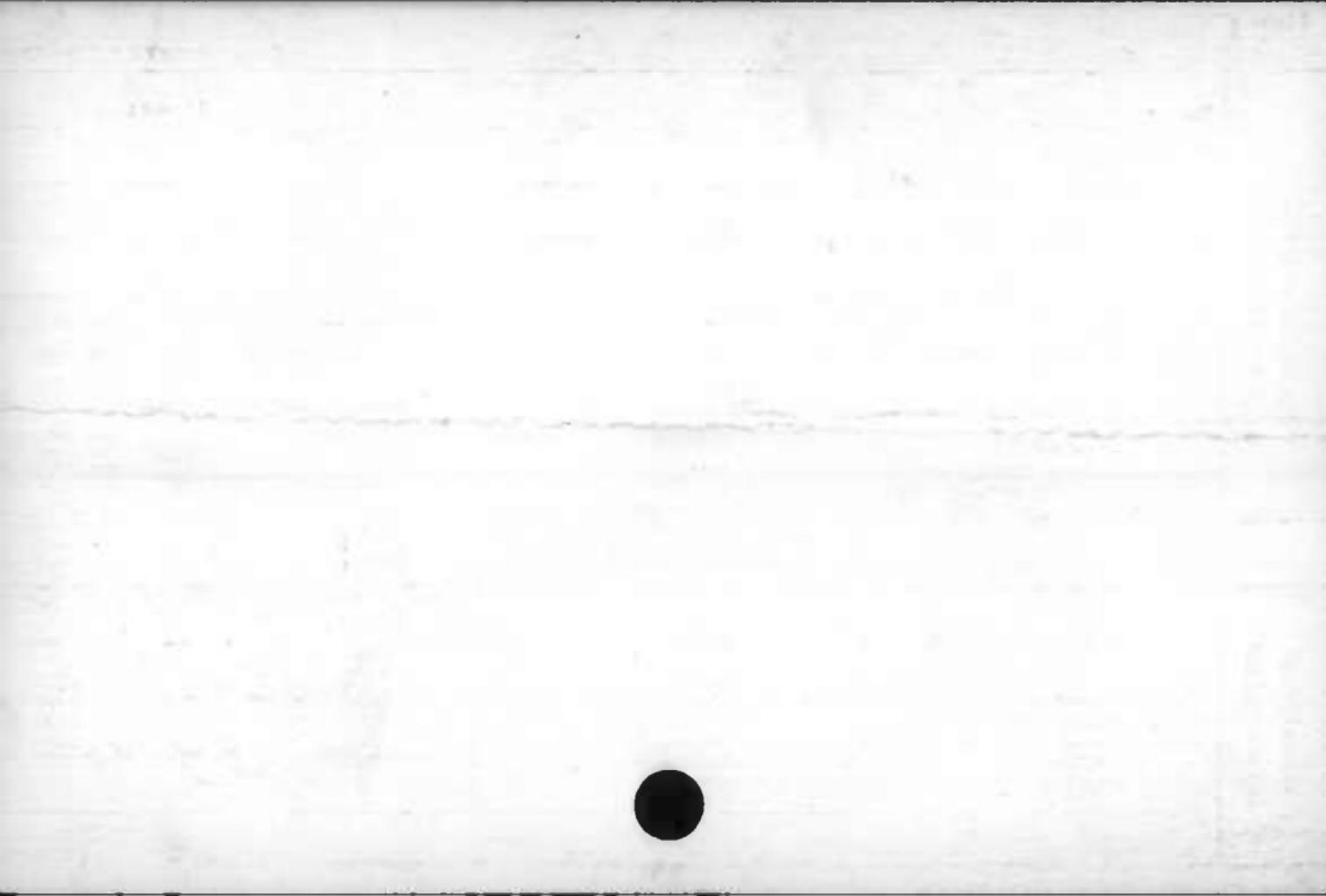
Signature of Physician

Address

E. H. Hutchins M.D.
1230 Light St.,
Baltimore, Md.

Accident or Suicide

No -



Name
in
Full

Catherine Laurie Ward

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Sudley	Town	Anne Arundel	County	MARYLAND
Date of death	1904 Dec	Month	11	Day	Years
Sex	Female	Color or Race	White	Age	1 Months
Occupation	Where Residing if not at place of death				Days
Married, Single or Widowed	Name of Wife or Husband				—
Father's Name	J. H. Ward				Father's Birthplace A.A.C., 2nd
Mother's Maiden Name	Catherine Elizabeth Hall				Mother's Birthplace Washington, D.C.
Name of person giving information	J. H. Ward				How related to deceased Father

PHYSICIAN
OR CORONER



CAUSES OF DEATH			
Primary	Whooping Cough	How long	1 Week
Immediate	Respiratory Failure	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Mabel Cannon, M.D.
		Address	West River
Accident or Suicide?		—	

Pintuuk in Quaker Bury
Pen

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Henry White -
Died at Jones station Anne Arundel
Date of death 1909 Month Dec. Day 9 Age 5-4
Sex Male Color or Race White Birthplace Washington D.C.
Occupation R.R. Employee Where Residing if not at place of death near Jones Station
Married, Single or Widowed Widowed Name of Wife or Husband Lilli White
Father's Name Unknown Father's Birthplace Unknown
Mother's Maiden Name Unknown Mother's Birthplace Unknown
Name of person giving information Samuel Langville How related to deceased Son-in-law

CERTIFICATE OF DEATH

MARYLAND

Days

CAUSES OF DEATH

Primary

Railroad Accident.

Immediate

Shock

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

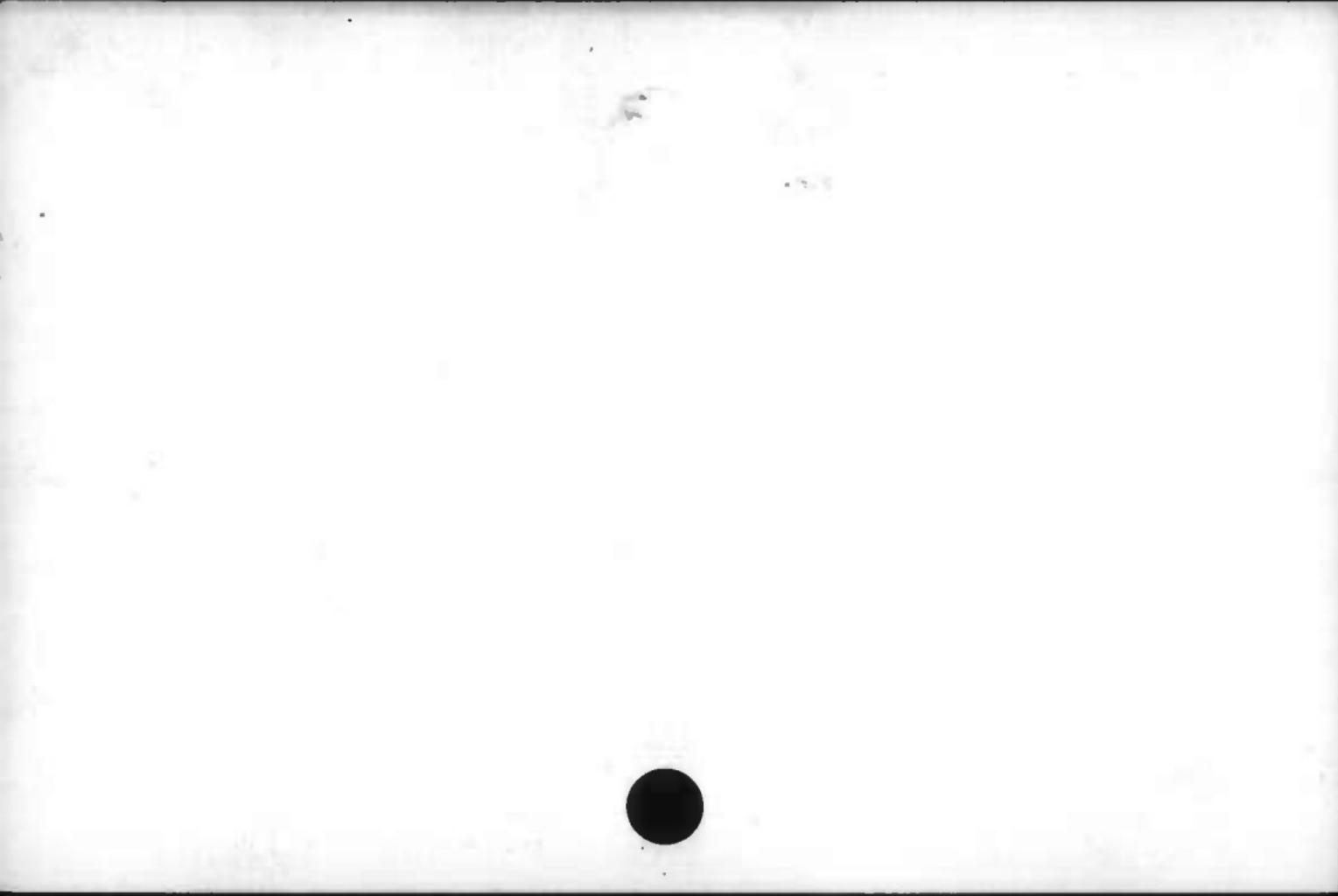
Charles G. Feldmeyer
Justice of the Peace
acting Coroner
Annapolis Md.

166

How long

How long

Accident Suicide



Name
in
Full

Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving Information	How related to deceased		
CAUSES OF DEATH			
Primary	How long		
Immediate	How long		

PHYSICIAN
OR CORONER

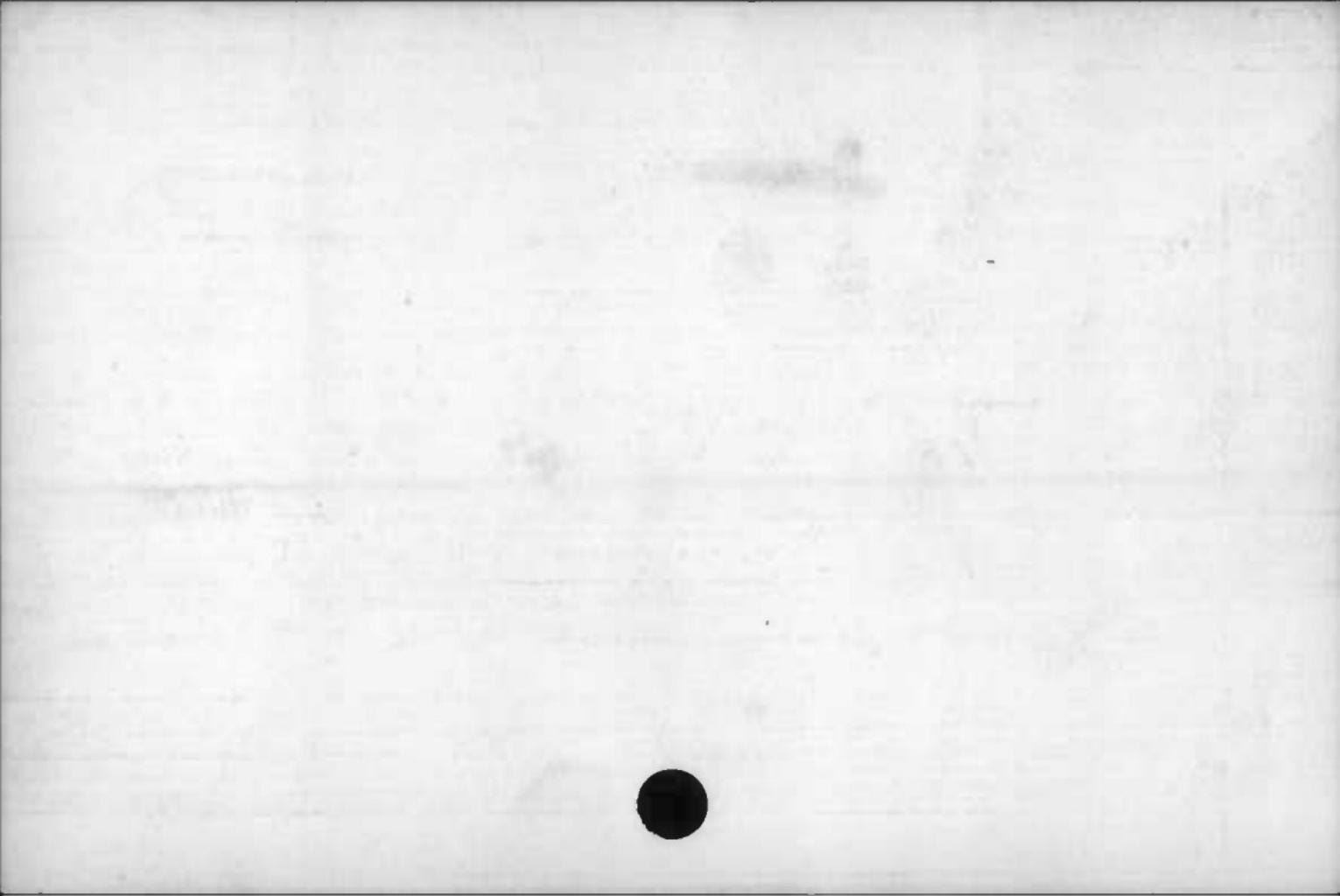
Are the name, age, sex, color, date and place correctly given above?

They are

Signature of Physician

Address

Accident or Suicide?



Name
In
Full

Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

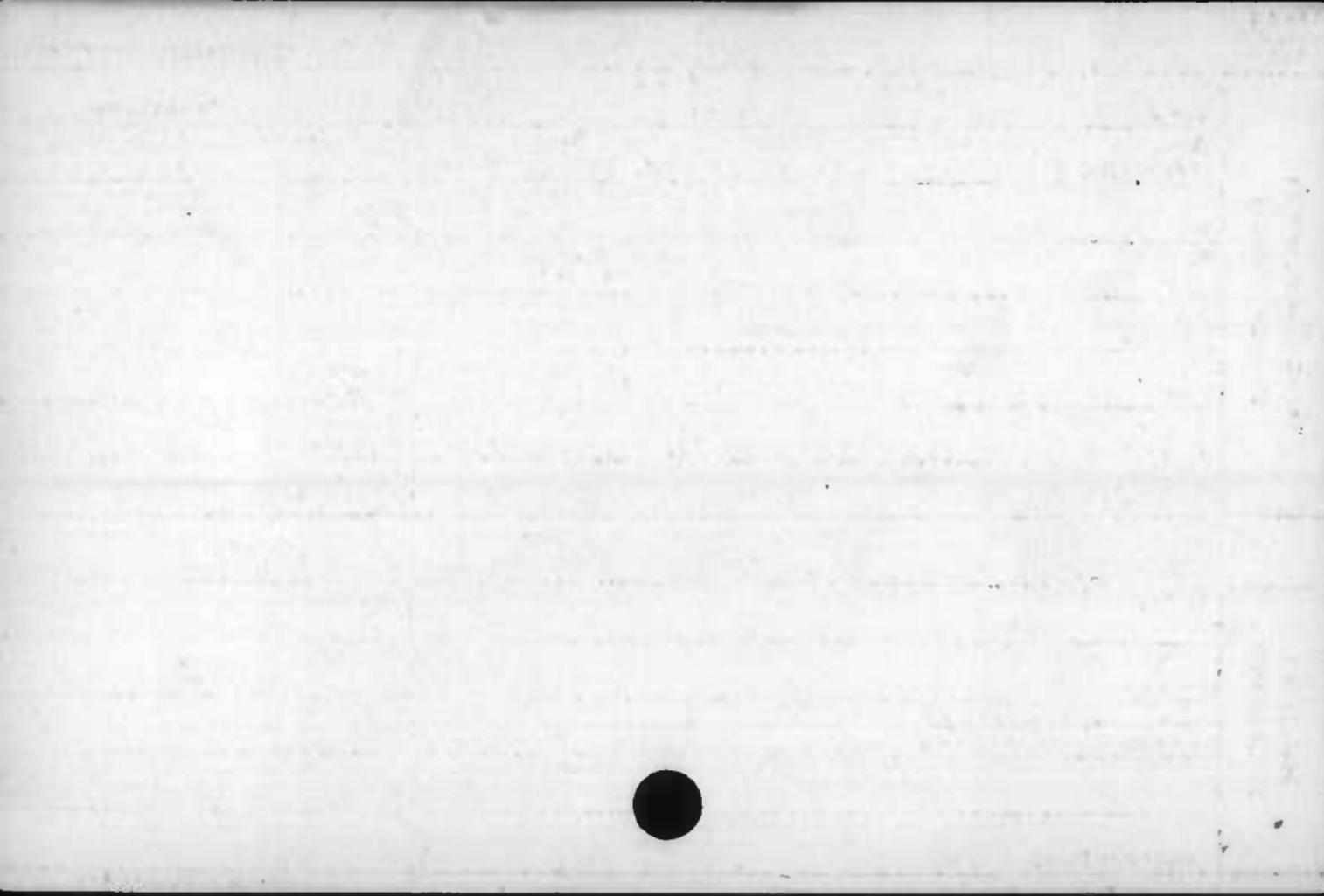
Died at <u>Wellham</u>		Town	County <u>Anne Arundel</u>		MARYLAND
Date of death <u>1909</u>	Month <u>One</u>	Day <u>22</u>	Years <u>40</u>	Age <u>40</u>	Months
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Anne Arundel Co</u>			Days
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<u>Robert Wilson</u>			Father's Birthplace	<u>Anne Arundel Co</u>
Mother's Maiden Name	<u>Jeanne Johnson</u>			Mother's Birthplace	<u>Virginia</u>
Name of person giving Information	<u>Robert Wilson</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

176

Primary	<u>Pressure on head in Childbirth</u>	How long	<u>2 hours</u>
Immediate	<u>Same</u>	How long	<u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>W R Wesserson MD</u>
		Address	<u>Hanover Maryland</u>
Accident or Suicide?			

(1)



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sebastian Zizwarch

Died at Found ashore at Bay Ridge at at.
Date of death 1909 Dec 9 Day 9 Years 36 Months 9 Days

Sex Male Color or Race White

Occupation Molder

Where Residing if not
at place of death

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name John Zizwarch

Father's Birthplace Germany

Mother's Maiden Name Barbara Sommers

Mother's Birthplace

Name of person giving Information John F Zizwarch

How related to deceased Brother

CAUSES OF DEATH

Primary

Accident Drowned

172

How long

Immediate

Same

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. M. Lee

Coroner

Annapolis P.B.

Accident ~~Scalp~~ ~~Vertebrae~~

CERTIFICATE OF DEATH

MARYLAND

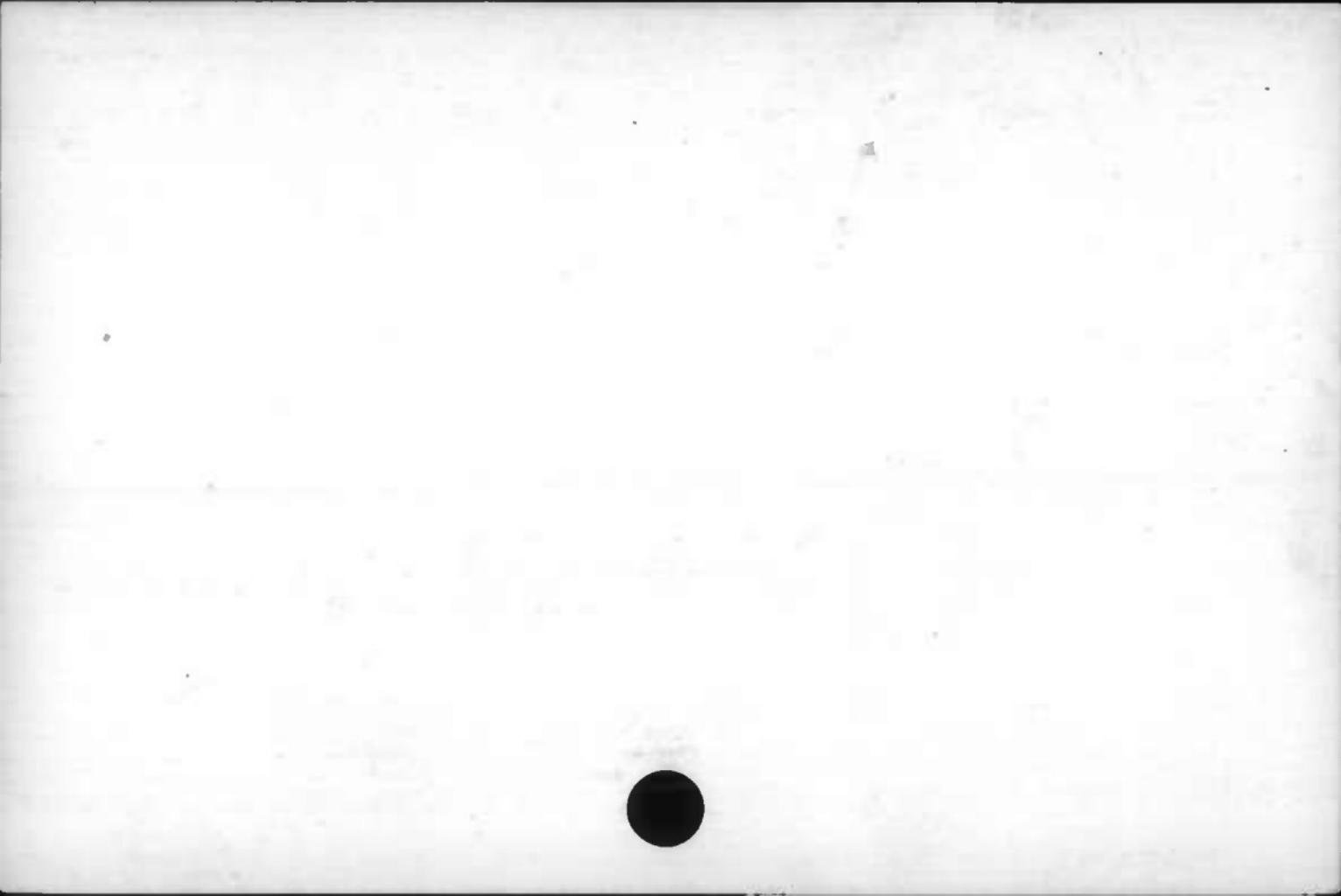
Days

Months

Years

Birth-
place

Baltimore



Name
in
Full

Unknown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND
Date of death	1909	Month Dec	Day 21	Years	Months
Sex	Female	Color or Race	Age _____		
Occupation	Where Residing if not at place of death			Birth-place	
Married, Single or Widowed	Name of Wife or Husband			Father's Birthplace	
Father's Name	Unknown			Unknown	
Mother's Maiden Name	Unknown			Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

Primary

Presumed Stillborn (Found dead)

How long

✓

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. G. Welch
West Annapolis

Accident or Suicide

